

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Damon E.

2. Surname (Last Name)
Smith

3. Date
30-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hypofractionated radiosurgery for meningiomas—a safer alternative for large tumors?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sanjay	2. Surname (Last Name) Ghosh	3. Date 30-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Damon E. Smith
5. Manuscript Title Hypofractionated radiosurgery for meningiomas—a safer alternative for large tumors?		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Ghosh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) O'Leary	3. Date 30-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Damon E. Smith
5. Manuscript Title Hypofractionated radiosurgery for meningiomas—a safer alternative for large tumors?		
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1. Given Name (First Name) Colin	2. Surname (Last Name) Chu	3. Date 30-July-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Damon E. Smith
5. Manuscript Title Hypofractionated radiosurgery for meningiomas—a safer alternative for large tumors?		
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