

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Igor

2. Surname (Last Name)
Sirák

3. Date
22-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Accelerated partial breast irradiation in elderly breast cancer patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Sirák has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Miroslav	2. Surname (Last Name) Hodek	3. Date 22-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Igor Sirák
5. Manuscript Title Accelerated partial breast irradiation in elderly breast cancer patients		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Hodek has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pavel	2. Surname (Last Name) Jandík	3. Date 22-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Igor Sirák
5. Manuscript Title Accelerated partial breast irradiation in elderly breast cancer patients		
6. Manuscript Identifying Number (if you know it)		

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Dr. Jandík has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jakub	2. Surname (Last Name) Grepł	3. Date 22-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Igor Sirák
5. Manuscript Title Accelerated partial breast irradiation in elderly breast cancer patients		
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1. Given Name (First Name) Petr	2. Surname (Last Name) Paluska	3. Date 22-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Igor Sirák
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Igor Sirák
5. Manuscript Title Accelerated partial breast irradiation in elderly breast cancer patients		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Petera has nothing to disclose.

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