

Instructions

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Section 1. Identifying Info	mation	
1. Given Name (First Name) Ernst	2. Surname (Last Name) Martin	3. Date 20-August-2014
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Clinical neurological HIFU applicatior	s: the Zurich experience	

6. Manuscript Identifying Number (if you know it)

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🖌 No

Are there any relevant conflicts of interest?	'	Yes
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	; 🖌 No	С
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Dr. Martin has nothing to disclose.

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4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na Ernst Martin	ime
5. Manuscript Title Clinical neurolog	e gical HIFU applications	: the Zurich	experience		
Clinical neurolog			experience		

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5. Manuscript Title Clinical neurolog	e gical HIFU applications:	the Zurich	experience		
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4. Are you the corresponding author?		Yes	✔ No	Corresponding Author's Na Ernst Martin	me
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4. Are you the corresponding aut	thor? Yes ✔ No Correspond Ernst Mart	ding Author's Name tin
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Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Fandino has nothing to disclose.

Evaluation and Feedback