

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marc

2. Surname (Last Name)
Münter

3. Date
03-April-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Intraoperative radiotherapy (IORT) in the treatment of head and neck cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Münter has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ulrich

2. Surname (Last Name)
Köppen

3. Date
03-April-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Marc W. Münter

5. Manuscript Title
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Dr. Köppen has nothing to disclose.

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1. Given Name (First Name)
Anika

2. Surname (Last Name)
Ramuscak

3. Date
03-April-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Marc W. Münter

5. Manuscript Title
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1. Given Name (First Name)
Christian

2. Surname (Last Name)
Sittel

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03-April-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Marc W. Münter

5. Manuscript Title
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Nils

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Wegner

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03-April-2015

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☐ Yes

☒ No

Corresponding Author's Name

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