

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)
Samuele

2. Surname (Last Name)
Massarut

3. Date
03-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Wound response after intraoperative radiotherapy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Massarut has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Barbara

2. Surname (Last Name)
Belletti

3. Date
03-April-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Samuele Massarut; Gustavo Baldassarre

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Belletti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ilenia	2. Surname (Last Name) Segatto	3. Date 03-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samuele Massarut; Gustavo Baldassarre
5. Manuscript Title Wound response after intraoperative radiotherapy		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Erica

2. Surname (Last Name)
Piccoli

3. Date
03-April-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Samuele Massarut; Gustavo Baldassarre

5. Manuscript Title
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Gustavo

2. Surname (Last Name)
Baldassarre

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03-April-2015

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