

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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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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Section 1. Identifying Information

1. Given Name (First Name) Zhiqin 2. Surname (Last Name) Fu 3. Date 27-June-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Xiang Zhang

5. Manuscript Title
The incidence and risk factors of acute radiation-induced dermatitis in gynecologic malignancies treated with intensity-modulated radiation therapy

6. Manuscript Identifying Number (if you know it)
TCR-20-796

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Are there any relevant conflicts of interest? Yes No

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Science and Technology Program of Zhejiang Chinese Traditional Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science and Technology Program of Zhejiang Chinese Traditional Medicine(Grant No.2017ZB021,and Grant No, 2017KY253)
Zhejiang Medical and Health Science and Technology Project	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zhejiang Medical and Health Science and Technology Project(Grant No. 2017KY253,and Grant No.2020KY059)

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1. Given Name (First Name) Conghui	2. Surname (Last Name) Wang	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xlang Zhang
5. Manuscript Title The incidence and risk factors of acute radiation-induced dermatitis in gynecologic malignancies treated with intensity-modulated radiation therapy		
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1. Given Name (First Name) Jianhong	2. Surname (Last Name) Chen	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xiang Zhang
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1. Given Name (First Name) Yingchang	2. Surname (Last Name) Wang	3. Date 27-June-2020
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6. Manuscript Identifying Number (if you know it) TCR-20-796		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zhejiang Provincial Natural Science Foundation of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zhejiang Provincial Natural Science Foundation of China(Grant No. LQ20H160006, and Grant No. LYY19H310001)
Science and Technology Program of Zhejiang Chinese Traditional Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science and Technology Program of Zhejiang Chinese Traditional Medicine(Grant No.2017ZB021,and Grant No. 2017KY253)
Zhejiang Medical and Health Science and Technology Project	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zhejiang Medical and Health Science and Technology Project(Grant No. 2017KY253,and Grant No.2020KY059)

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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. Zhang reports grants from Zhejiang Provincial Natural Science Foundation of China, grants from Science and Technology Program of Zhejiang Chinese Traditional Medicine, grants from Zhejiang Medical and Health Science and Technology Project, during the conduct of the study; .

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