

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)
Deepinder

2. Surname (Last Name)
Singh

3. Date
24-July-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive patients

6. Manuscript Identifying Number (if you know it)

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Dr. Singh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Yuhchyou

2. Surname (Last Name)

Chen

3. Date

24-July-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Deepinder Singh

5. Manuscript Title

Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive patients

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Section 1. Identifying Information

1. Given Name (First Name)
Derek

2. Surname (Last Name)
Bergsma

3. Date
24-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Deepinder Singh

5. Manuscript Title
Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive patients

6. Manuscript Identifying Number (if you know it)

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Dr. Bergsma has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kenneth

2. Surname (Last Name)
Usuki

3. Date
24-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Deepinder Singh

5. Manuscript Title
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1. Given Name (First Name) Sughosh	2. Surname (Last Name) Dhakal	3. Date 24-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepinder Singh
5. Manuscript Title Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive patients		
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Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Hare	3. Date 24-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Deepinder Singh
5. Manuscript Title Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive 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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Hare has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Neil

2. Surname (Last Name)
Joyce

3. Date
24-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Deepinder Singh

5. Manuscript Title
Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive patients

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Therese

2. Surname (Last Name)
Smudzin

3. Date
24-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Deepinder Singh

5. Manuscript Title
Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive patients

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Doug

2. Surname (Last Name)
Rosenzweig

3. Date
24-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Deepinder Singh

5. Manuscript Title
Local control rates with five fractions of stereotactic body radiotherapy for primary lung tumors: a single institution experience of 153 consecutive patients

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1. Given Name (First Name)
Michael

2. Surname (Last Name)
Schell

3. Date
24-July-2015

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Yes No

Corresponding Author's Name
Deepinder Singh

5. Manuscript Title
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