

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.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Mark Edmund	2. Surname (Last Name) Bernard	3. Date 30-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sushil Beriwal
5. Manuscript Title Radiation therapy for locally advanced lung cancer		
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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Section 6. Disclosure Statement

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Dr. Bernard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) David Anthony	2. Surname (Last Name) Clump	3. Date 30-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sushil Beriwal
5. Manuscript Title Radiation therapy for locally advanced lung cancer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Clump has nothing to disclose.

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1. Given Name (First Name) Ron	2. Surname (Last Name) LaLonde	3. Date 30-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sushil Beriwal
5. Manuscript Title Radiation therapy for locally advanced lung cancer		
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Section 1. Identifying Information

1. Given Name (First Name)
Sushil

2. Surname (Last Name)
Berawal

3. Date
30-July-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Radiation therapy for locally advanced lung cancer

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