

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.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey Q

2. Surname (Last Name)
Dinh

3. Date
13-October-2012

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
David R Grosshans

5. Manuscript Title
Particle therapy for central nervous system tumors in pediatric and adult patients

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Dinh has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Anita	2. Surname (Last Name) Mahajan	3. Date 13-October-2012
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David R Grosshans
5. Manuscript Title Particle therapy for central nervous system tumors in pediatric and adult patients		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Mahajan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Matthew B	2. Surname (Last Name) Palmer	3. Date 13-October-2012
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David R Grosshans
5. Manuscript Title Particle therapy for central nervous system tumors in pediatric and adult patients		
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1. Given Name (First Name)
David R

2. Surname (Last Name)
Grosshans

3. Date
13-October-2012

4. Are you the corresponding author? Yes No

5. Manuscript Title
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