

## 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)  
Rachel

2. Surname (Last Name)  
Murray

3. Date  
10-January-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Clinical outcomes of patients treated with accelerated partial breast irradiation with high-dose rate brachytherapy: Scripps Clinic experience

6. Manuscript Identifying Number (if you know it)

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Dr. Murray 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)

Fantine

2. Surname (Last Name)

Giap

3. Date

10-January-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Rachel Murray

5. Manuscript Title

Clinical outcomes of patients treated with accelerated partial breast irradiation with high-dose rate brachytherapy: Scripps Clinic experience

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1. Given Name (First Name) Ray	2. Surname (Last Name) Lin	3. Date 10-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rachel Murray
5. Manuscript Title Clinical outcomes of patients treated with accelerated partial breast irradiation with high-dose rate brachytherapy: Scripps Clinic experience		
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1. Given Name (First Name)  
Pamela

2. Surname (Last Name)  
Kurtzhals

3. Date  
10-January-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Rachel Murray

5. Manuscript Title  
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Dr. Kurtzhals has nothing to disclose.

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Huan

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Giap

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Rachel Murray

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