

Instructions

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Goyal 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Shikha		2. Surname (La Goyal	st Name)		3. Date 01-August-2019
4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title Brachial plexus doses in locoregional radiotherapy for breast cancer					
6. Manuscript Ide TRO-19-17	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration [·]	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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Section 3.	Relevant financial	activities out	side the submitte	d work.	
of compensation clicking the "Add) with entities as descri	ibed in the instr port relationship	uctions. Use one line	for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
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Section 4.	Intellectual Proper	rty Patents 8	& Copyrights		
Do you have any	patents, whether plan	ned, pending o	issued, broadly rele	vant to the work?	? ☐ Yes 🗸 No

Goyal 2



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Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Goyal has no	othing to disclose.		

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Menon 1



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5. Manuscript Title Brachial plexus c		diotherapy for breast cand	cer
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Puzhakkal 1



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Puzhakkal 2



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