

ICMJE DISCLOSURE FORM

Date: 2021/6/10

Your Name: Kuo-Hung Lin

Manuscript Title: Cardiovascular Implantable Electronic Devices May Tolerate High Dose Radiotherapy: an Updated Case Report with Long Term Follow-up

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 2021/6/10

Your Name: Hua-Shai Hsu

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ICMJE DISCLOSURE FORM

Date: 2021/6/10
 Your Name: Chun-Lung Feng
 Manuscript Title: Cardiovascular Implantable Electronic Devices May Tolerate High Dose Radiotherapy: an Updated Case Report with Long Term Follow-up
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ICMJE DISCLOSURE FORM

Date: 2021/6/10

Your Name: Chia-Hung Kao

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ICMJE DISCLOSURE FORM

Date: 2021/7/22

Your Name: Szu-Hsien Chou

Manuscript Title: Cardiovascular Implantable Electronic Devices May Tolerate High Dose Radiotherapy: an Updated Case Report with Long Term Follow-up

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Your Name: Ji-An Liang

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