Date:2021/08/16
Your Name:Che-Wei, Lin
Manuscript Title:_ Comparison of stability and dosage of thermoplastic masks and vacuum bag for mediastinal cance
patients
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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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Medical Research Department, Cathay General Hospital, Taipei, Taiwan	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:

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

Date:2021/08/16
Your Name: Pei-Chieh Yu
Manuscript Title: Comparison of stability and dosage of thermoplastic masks and vacuum bag for mediastinal cance
patients
Manuscript number (if known):

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	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dla	assa summariza tha ahova co	onflict of interest in the fo	lowing hov:

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Date:2021/08/16
Your Name:Hsin-Hua Nien
Manuscript Title: Comparison of stability and dosage of thermoplastic masks and vacuum bag for mediastinal cancel
patients
Manuscript number (if known):

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5	Payment or honoraria for	None	
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	A.I	
13	Other financial or non-	None	
	financial interests		
Dla	assa summariza tha ahova co	anflict of interest in the fol	lowing hov

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Date:2021/08/16
Your Name:Hung-Chi Chang
Manuscript Title:_ Comparison of stability and dosage of thermoplastic masks and vacuum bag for mediastinal cance
patients
Manuscript number (if known):

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3	Royalties or licenses	None			
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5	Payment or honoraria for	None	
3	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
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	•		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
14	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	Department of Radiation	Hung-Chi Chang serves as a technologist of the
	financial interests	Oncology, Cathay General Hospital	Department of Radiation Oncology, Cathay General Hospital from March 2010 to November 2016

Please summarize the above conflict of interest in the following box:

This research funding is provided by the Medical Research Department of Cathay General Hospital, Taipei, Taiwan. Hung-Chi Chang serves as a technologist of the Department of Radiation Oncology, Cathay General Hospital from March 2010 to November 2016

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

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

Date:2021/08/16
Your Name: Chin-Jung Wu
Manuscript Title: Comparison of stability and dosage of thermoplastic masks and vacuum bag for mediastinal cancellation of the comparison of stability and dosage of the comparison of stability and d
patients
Manuscript number (if known):

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7	Support for attending	None		
′	meetings and/or travel	None		
	meetings and, or traver			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
11	group, paid or unpaid	Nama		
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
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