ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
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<td>Onthong</td>
<td>23-May-2020</td>
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4. Are you the corresponding author?  
Yes [ ]  No [x]  

Corresponding Author’s Name  
Kitwadee Saksornchai

5. Manuscript Title  
Results of intraoperative radiotherapy given as a boost after breast conserving-surgery

6. Manuscript Identifying Number (if you know it)  
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Dr. Onthong has nothing to disclose.

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Chakkabat
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Chakapong

2. Surname (Last Name)  
   Chakkabat

3. Date  
   23-May-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Kitwadee Saksornchai

5. Manuscript Title  
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Section 2. The Work Under Consideration for Publication

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Dr. Chakkabat has nothing to disclose.

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   Nantavithya

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Denariyakoon
### Section 1. Identifying Information

1. Given Name (First Name)  
   Sikrit  

2. Surname (Last Name)  
   Denariyakoon  

3. Date  
   23-May-2020  

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  

   Corresponding Author’s Name  
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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Mawin
2. Surname (Last Name)  Vongsaisuwon
3. Date  23-May-2020
4. Are you the corresponding author?  Yes ☑ No
Corresponding Author’s Name  Kitwadee Saksornchai

5. Manuscript Title
Results of intraoperative radiotherapy given as a boost after breast conserving-surgery

6. Manuscript Identifying Number (if you know it)
GS-20-249

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes ☐ No

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Section 6. Disclosure Statement

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Dr. Vongsaisuwon has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Adhisabandh

2. Surname (Last Name)  
Chulakadabbav

3. Date  
23-May-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Kitwadee Saksornchai

5. Manuscript Title  
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Section 2. The Work Under Consideration for Publication

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Dr. Chulakadabbav has nothing to disclose.

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Chatamra
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kris

2. Surname (Last Name)  
   Chatamra

3. Date  
   23-May-2020

4. Are you the corresponding author?  
   Yes ☐ No ☑

5. Manuscript Title  
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2. Surname (Last Name)  
   Saksornchai

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