

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yen-Ting	2. Surname (Last Name) Liu	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chao-Yuan Huang
5. Manuscript Title Radiation-Induced Sacral Insufficiency Fracture in Endometrial Cancer Patient after Adjuvant Radiotherapy		
6. Manuscript Identifying Number (if you know it)		

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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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Liu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Sung-Hsin	2. Surname (Last Name) Kuo	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chao-Yuan Huang
5. Manuscript Title Radiation-Induced Sacral Insufficiency Fracture in Endometrial Cancer Patient after Adjuvant Radiotherapy		
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Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Ting-Chen

2. Surname (Last Name)
Chang

3. Date
03-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Chao-Yuan Huang

5. Manuscript Title

Radiation-Induced Sacral Insufficiency Fracture in Endometrial Cancer Patient after Adjuvant Radiotherapy

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Chao-Yuan

2. Surname (Last Name)
Huang

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03-April-2020

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