

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Jeng-Fong

2. Surname (Last Name)
Chiou

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ho-Chiao Chuang

5. Manuscript Title
Fast Fourier Transform Combined with Phase Leading Compensator for Respiratory Motion Compensation System

6. Manuscript Identifying Number (if you know it)
QIMS-19-694-R2

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Jeng-Fong Chiou has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chia-Chun	2. Surname (Last Name) Kuo	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ho-Chiao Chuang
5. Manuscript Title Fast Fourier Transform Combined with Phase Leading Compensator for Respiratory Motion Compensation System		
6. Manuscript Identifying Number (if you know it) QIMS-19-694-R2		

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1. Given Name (First Name)
Ho-Chiao

2. Surname (Last Name)
Chuang

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fast Fourier Transform Combined with Phase Leading Compensator for Respiratory Motion Compensation System

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Dr. Chuang has nothing to disclose.

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Ai-Ho

2. Surname (Last Name)

Liao

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Corresponding Author's Name

Ho-Chiao Chuang

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Hsiao-Wei

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Yu

3. Date

19-March-2020

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Yes No

Corresponding Author's Name

Ho-Chiao Chuang

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Section 1. Identifying Information

1. Given Name (First Name)
Syue-Ru

2. Surname (Last Name)
Cai

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ho-Chiao Chuang

5. Manuscript Title
Fast Fourier Transform Combined with Phase Leading Compensator for Respiratory Motion Compensation System

6. Manuscript Identifying Number (if you know it)
QIMS-19-694-R2

Section 2. The Work Under Consideration 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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Cai has nothing to disclose.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Der-Chi	2. Surname (Last Name) Tien	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ho-Chiao Chuang
5. Manuscript Title Fast Fourier Transform Combined with Phase Leading Compensator for Respiratory Motion Compensation System		
6. Manuscript Identifying Number (if you know it) QIMS-19-694-R2		

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Section 1. Identifying Information

1. Given Name (First Name)
Shiu-Chen

2. Surname (Last Name)
Jeng

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ho-Chiao Chuang

5. Manuscript Title
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