ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Malikova
# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

- **1. Given Name (First Name)**
  Hana

- **2. Surname (Last Name)**
  Malikova

- **3. Date**
  28-May-2020

- **4. Are you the corresponding author?**
  ✔ Yes  No

- **5. Manuscript Title**
  Advanced cervical cancer in young women: Imaging study of late and very late radiation-related side effects after successful treatment by combined radiotherapy

- **6. Manuscript Identifying Number (if you know it)**
  QIMS-20-553

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Are there any relevant conflicts of interest?  Yes  ✔ No

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Dr. Malikova 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)  
Miroslava

2. Surname (Last Name)  
Burghardtova

3. Date  
28-May-2020

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

Corresponding Author's Name  
Hana Malikova, MD

5. Manuscript Title  
Advanced cervical cancer in young women: Imaging study of late and very late radiation-related side effects after successful treatment by combined radiotherapy

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Dr. Burghardtova has nothing to disclose.

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1. Given Name (First Name)  
   Klara

2. Surname (Last Name)  
   Fejfarova

3. Date  
   28-May-2020

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

Hana Malikova, MD

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Katarina</td>
<td>Nadova</td>
<td>28-May-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   - Yes

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Weichert
ICMJE Form for Disclosure of Potential Conflicts of Interest

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   Jiri

2. Surname (Last Name)  
   Weichet

3. Date  
   28-May-2020

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   ☑ No

Corresponding Author’s Name  
Dr. Hana Malikova, PhD

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