

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martijn R.	2. Surname (Last Name) Meijerink	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robbert S. Puijk
5. Manuscript Title The rapidly expanding role of thermal ablation in the treatment of colorectal liver metastases		
6. Manuscript Identifying Number (if you know it) HBSN-19-693		

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

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Dr. Meijerink has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

M. Petrousjka

2. Surname (Last Name)

van den Tol

3. Date

20-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Robbert S. Puijk

5. Manuscript Title

The rapidly expanding role of thermal ablation in the treatment of colorectal liver metastases

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1. Given Name (First Name)
Robbert S.

2. Surname (Last Name)
Puijk

3. Date
20-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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