

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sarah

2. Surname (Last Name)  
Jackson

3. Date  
01-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Jessica L Petrick

5. Manuscript Title  
Challenges in Elucidating Cholangiocarcinoma Etiology

6. Manuscript Identifying Number (if you know it)  
HBSN-20-259

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Dr. Jackson has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Florio	3. Date 01-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jessica L. Petrick
5. Manuscript Title Challenges in Elucidating Cholangiocarcinoma Etiology		
6. Manuscript Identifying Number (if you know it) HBSN-20-259		

### Section 2. The Work Under Consideration for Publication

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Ms. Florio has nothing to disclose.

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1. Given Name (First Name)  
Katherine

2. Surname (Last Name)  
McGlynn

3. Date  
01-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Jessica L. Petrick

5. Manuscript Title  
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Jessica

2. Surname (Last Name)  
Petrick

3. Date  
01-April-2020

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5. Manuscript Title  
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