

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.

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Section 1.	Identifying Inform	ation			
1. Given Name (Fi Takumi			ie (Last Name) a		3. Date 10-May-2020
4. Are you the corresponding author?		✓ Yes	No		
5. Manuscript Title Adequate Tissue	e Acquisition Rate of Per	roral Cholar	ngioscopy-guided	Forceps Biopsy	
6. Manuscript Ider ATM-20-2738	ntifying Number (if you kr	ow it)			
Section 2.					
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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Section 4.	Intellectual Proper	ty Patei	nts & Copyright	s	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No					



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Dr. Onoyama has nothing to disclose.

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1. Given Name (Fir Yohei	rst Name)	2. Surname (Last Name) Takeda	3. Date 10-May-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Takumi Onoyama	
5. Manuscript Title Adequate Tissue		roral Cholangioscopy-guic	led Forceps Biopsy	
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Dr. Kawata has nothing to disclose.

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Section 1.	Identifying Inform	ation		
1. Given Name (Fir Wataru	rst Name)	2. Surname (Last Name) Hamamoto	3. Date 10-May-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Takumi Onoyama	
5. Manuscript Title Adequate Tissue		roral Cholangioscopy-guic	led Forceps Biopsy	
6. Manuscript Ider ATM-20-2738	ntifying Number (if you kn	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
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Dr. Hamamoto has nothing to disclose.

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1. Given Name (First Name) Yuri	2. Surname (Last Name) Sakamoto	3. Date 11-May-2020		
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Takumi Onoyama		
5. Manuscript Title Adequate Tissue Acquisition Rate of Per	roral Cholangioscopy-guid	led Forceps Biopsy		
6. Manuscript Identifying Number (if you kn ATM-20-2738	now it)			
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1. Given Name (First Name) Kazuya		2. Surname (Last Name) Matsumoto	3. Date 10-May-2020	
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