

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)
Lihua

2. Surname (Last Name)
Zheng

3. Date
26-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Loose combined cutting seton for patients with high intersphincteric fistula: a retrospective study

6. Manuscript Identifying Number (if you know it)
ATM-20-6123

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Dr. Zheng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yuying	2. Surname (Last Name) Shi	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lihua Zheng
5. Manuscript Title Loose combined cutting seton for patients with high intersphincteric fistula: a retrospective study		
6. Manuscript Identifying Number (if you know it) ATM-20-6123		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Congcong	2. Surname (Last Name) Zhi	3. Date 13-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lihua Zheng
5. Manuscript Title Loose combined cutting seton for patients with high fistula: a retrospective study		
6. Manuscript Identifying Number (if you know it)		

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. Zhi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Qiuxiang	2. Surname (Last Name) Yu	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lihua Zheng
5. Manuscript Title Loose combined cutting seton for patients with high intersphincteric fistula: a retrospective study		
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Section 1. Identifying Information

1. Given Name (First Name) Shanshan	2. Surname (Last Name) Wu	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lihua Zheng
5. Manuscript Title Loose combined cutting seton for patients with high intersphincteric fistula: a retrospective study		
6. Manuscript Identifying Number (if you know it) ATM-20-6123		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name) Wen	2. Surname (Last Name) Zhang	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lihua Zheng
5. Manuscript Title Loose combined cutting seton for patients with high intersphincteric fistula: a retrospective study		
6. Manuscript Identifying Number (if you know it) ATM-20-6123		

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Section 1. Identifying Information

1. Given Name (First Name) YanJun	2. Surname (Last Name) Liu	3. Date 26-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lihua Zheng
5. Manuscript Title Loose combined cutting seton for patients with high intersphincteric fistula: a retrospective study		
6. Manuscript Identifying Number (if you know it) ATM-20-6123		

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name) Zichen	2. Surname (Last Name) Huang	3. Date 13-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lihua Zheng
5. Manuscript Title Loose combined cutting seton for patients with high fistula: a retrospective study		
6. Manuscript Identifying Number (if you know it) _____		

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