

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Takeshi

2. Surname (Last Name)
Aoki

3. Date
11-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Indocyanine green fluorescence imaging technology in minimally invasive liver resection

6. Manuscript Identifying Number (if you know it)
LS-20-88(E2020040359-31409539)

Section 2. The Work Under Consideration for Publication

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Dr. Aoki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Tomotake

2. Surname (Last Name)
Koizumi

3. Date
11-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Takeshi Aoki

5. Manuscript Title
Indocyanine green fluorescence imaging technology in minimally invasive liver resection

6. Manuscript Identifying Number (if you know it)
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Dr. Koizumi has nothing to disclose.

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Doaa A

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Mansour

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11-May-2020

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Corresponding Author's Name

Takeshi Aoki

5. Manuscript Title

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1. Given Name (First Name) Kodai	2. Surname (Last Name) Tomioka	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Takeshi Aoki
5. Manuscript Title Indocyanine green fluorescence imaging technology in minimally invasive liver resection		
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Masahiko

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Murakami

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Takeshi Aoki

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