

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Zhong-Hui	2. Surname (Last Name) Liu	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joe King-Man Fan
5. Manuscript Title Combined endo-laparoscopic surgery for difficult benign colorectal polyps		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Liu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Li	2. Surname (Last Name) Jiang	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joe King-Man Fan
5. Manuscript Title Combined endo-laparoscopic surgery for difficult benign colorectal polyps		
6. Manuscript Identifying Number (if you know it)		

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Dr. Jiang has nothing to disclose.

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1. Given Name (First Name) Fion Siu-Yin	2. Surname (Last Name) Chan	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joe King-Man Fan
5. Manuscript Title Combined endo-laparoscopic surgery for difficult benign colorectal polyps		
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1. Given Name (First Name) Michael Ka-Wah	2. Surname (Last Name) Li	3. Date 19-March-2020
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king man joe

2. Surname (Last Name)
fan

3. Date
19-March-2020

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5. Manuscript Title
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