

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)
DORIN T.

2. Surname (Last Name)
COLIBASEANU

3. Date
03-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
FACTORS ASSOCIATED WITH WORSE OUTCOMES FOR COLORECTAL NEUROENDOCRINE TUMORS IN RADICAL VERSUS LOCAL RESECTIONS

6. Manuscript Identifying Number (if you know it)

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Dr. COLIBASEANU has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
COURTNEY N.

2. Surname (Last Name)
DAY

3. Date
03-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
DORIN T. COLIBASEANU, MD

5. Manuscript Title
FACTORS ASSOCIATED WITH WORSE OUTCOMES FOR COLORECTAL NEUROENDOCRINE TUMORS IN RADICAL VERSUS LOCAL RESECTIONS

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Dr. DAY has nothing to disclose.

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1. Given Name (First Name)
EMMANUEL M.

2. Surname (Last Name)
GABRIEL

3. Date
03-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
DORIN T. COLIBASEANU, MD

5. Manuscript Title
FACTORS ASSOCIATED WITH WORSE OUTCOMES FOR COLORECTAL NEUROENDOCRINE TUMORS IN RADICAL VERSUS LOCAL RESECTIONS

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1. Given Name (First Name)
ELIZABETH B.

2. Surname (Last Name)
HABERMANN, Ph.D.

3. Date
03-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
DORIN T. COLIBASEANU, MD

5. Manuscript Title
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Dr. HABERMANN, Ph.D. has nothing to disclose.

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IKTEJ SINGH

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JABBAL

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03-August-2020

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DORIN T. COLIBASEANU, MD

5. Manuscript Title
FACTORS ASSOCIATED WITH WORSE OUTCOMES FOR COLORECTAL NEUROENDOCRINE TUMORS IN RADICAL VERSUS LOCAL RESECTIONS

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