

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1.

Identifying Information

1. Given Name (First Name) zong-ting	2. Surname (Last Name) Gu	3. Date 15-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Wang cheng-feng
5. Manuscript Title Choice of surgical procedures for patients with stage T1 carcinoma of the papilla of Vater: a retrospective study		
6. Manuscript Identifying Number (if you know it) TCR-20-1914		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Intellectual Property -- Patents & Copyrights

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Dr. Gu has nothing to disclose.

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1. Given Name (First Name) zong-ze	2. Surname (Last Name) Li	3. Date 15-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wang cheng-feng
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Dr. Li has nothing to disclose.

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1. Given Name (First Name) wen-long	2. Surname (Last Name) Yu	3. Date 15-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Wang cheng-feng
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1. Given Name (First Name)
cheng-feng

2. Surname (Last Name)
Wang

3. Date
15-August-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Choice of surgical procedures for patients with stage T1 carcinoma of the papilla of Vater: a retrospective study

6. Manuscript Identifying Number (if you know it)
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