

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)
Luyang

2. Surname (Last Name)
Zhang

3. Date
20-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Minhua Zheng

5. Manuscript Title
Prevention and management of hemorrhage during a laparoscopic colorectal surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name) Junjun	2. Surname (Last Name) Ma	3. Date 20-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minhua Zheng
5. Manuscript Title Prevention and management of hemorrhage during a laparoscopic colorectal surgery		
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1. Given Name (First Name) Lu	2. Surname (Last Name) Zang	3. Date 20-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minhua Zheng
5. Manuscript Title Prevention and management of hemorrhage during a laparoscopic colorectal surgery		
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1. Given Name (First Name) Feng	2. Surname (Last Name) Dong	3. Date 20-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minhua Zheng
5. Manuscript Title Prevention and management of hemorrhage during a laparoscopic colorectal surgery		
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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name) Zirui	2. Surname (Last Name) He	3. Date 20-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minhua Zheng
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1. Given Name (First Name) Hiju	2. Surname (Last Name) Hong	3. Date 20-October-2016
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1. Given Name (First Name)
Minhua

2. Surname (Last Name)
Zheng

3. Date
20-October-2016

4. Are you the corresponding author? Yes No

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