

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)

Liao-Nan

2. Surname (Last Name)

Zou

3. Date

20-September-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The technical characteristics and clinical analysis of laparoscopic bursectomy for advanced gastric cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Zou has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Bei-Shi	2. Surname (Last Name) Zheng	3. Date 20-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Liao-Nan Zou
5. Manuscript Title The technical characteristics and clinical analysis of laparoscopic bursectomy for advanced gastric cancer		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Peng-Fei	2. Surname (Last Name) Liu	3. Date 20-September-2016
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