

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) Jesse	2. Surname (Last Name) Victory	3. Date 25-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vadim Meytes
5. Manuscript Title Co-existent appendicitis and cholecystitis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Victory has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Vadim

2. Surname (Last Name)

Meytes

3. Date

25-January-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Co-existent appendicitis and cholecystitis

6. Manuscript Identifying Number (if you know it)

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Dr. Meytes has nothing to disclose.

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1. Given Name (First Name) David	2. Surname (Last Name) Parizh	3. Date 25-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vadim Meytes
5. Manuscript Title Co-existent appendicitis and cholecystitis		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vadim Meytes
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