

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Priscila Rodrigues	2. Surname (Last Name) Armijo	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dmitry Oleynikov
5. Manuscript Title Secrets for successful laparoscopic antireflux surgery: preoperative workup		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Armijo has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Spyridon	2. Surname (Last Name) Pagkratis	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dmitry Oleynikov
5. Manuscript Title Secrets for successful laparoscopic antireflux surgery: preoperative workup		
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Dr. Pagkratis has nothing to disclose.

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1. Given Name (First Name) Crystal	2. Surname (Last Name) Krause	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dmitry Oleynikov
5. Manuscript Title Secrets for successful laparoscopic antireflux surgery: preoperative workup		
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Section 1. Identifying Information

1. Given Name (First Name)
Dmitry

2. Surname (Last Name)
Oleynikov

3. Date
02-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Secrets for successful laparoscopic antireflux surgery: preoperative workup

6. Manuscript Identifying Number (if you know it)

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