

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hiroyuki

2. Surname (Last Name)
Kashiwagi

3. Date
02-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Dual port distal gastrectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Kashiwagi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jun	2. Surname (Last Name) Kawachi	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Kashiwagi
5. Manuscript Title Dual port distal gastrectomy		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kawachi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Naoko

2. Surname (Last Name)
Isogai

3. Date
02-February-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hiroyuki Kashiwagi

5. Manuscript Title
Dual port distal gastrectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Isogai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Takako

2. Surname (Last Name)
Yamanashi

3. Date
02-February-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Hiroyuki Kashiwagi

5. Manuscript Title
Dual port distal gastrectomy

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Katsunori	2. Surname (Last Name) Miyake	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Kashiwagi
5. Manuscript Title Dual port distal gastrectomy		
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Dr. Miyake has nothing to disclose.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Shimoyama has nothing to disclose.

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

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1. Given Name (First Name) Ryota	2. Surname (Last Name) Fukai	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Kashiwagi
5. Manuscript Title Dual port distal gastrectomy		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Yasushi	2. Surname (Last Name) Terada	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroyuki Kashiwagi
5. Manuscript Title Dual port distal gastrectomy		
6. Manuscript Identifying Number (if you know it)		

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