

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)
Toru

2. Surname (Last Name)
Zuiki

3. Date
02-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Appendiceal stump inversion with a purse-string suture in laparoscopic appendectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Zuiki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jun

2. Surname (Last Name)

Ohki

3. Date

02-February-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Toru Zuiki

5. Manuscript Title

Appendiceal stump inversion with a purse-string suture in laparoscopic appendectomy

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Dr. Ohki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yuzo	2. Surname (Last Name) Miyahara	3. Date 02-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Toru Zuiki
5. Manuscript Title Appendiceal stump inversion with a purse-string suture in laparoscopic appendectomy		
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Section 1. Identifying Information

1. Given Name (First Name)
Yoshinori

2. Surname (Last Name)
Hosoya

3. Date
02-February-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Toru Zuiki

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1. Given Name (First Name) Alan Kawarai	2. Surname (Last Name) Lefor	3. Date 02-February-2017
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