

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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)  
Fion

2. Surname (Last Name)  
Chan

3. Date  
03-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Endoscopic resection of gastric submucosal tumor

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.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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

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Dr. Chan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zhong-Hui

2. Surname (Last Name)

Liu

3. Date

03-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Fion S. Chan

5. Manuscript Title

Endoscopic resection of gastric submucosal tumor

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jun-Wen	2. Surname (Last Name) Wu	3. Date 03-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fion S. Chan
5. Manuscript Title Endoscopic resection of gastric submucosal tumor		
6. Manuscript Identifying Number (if you know it)		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xue-Fei	2. Surname (Last Name) Yang	3. Date 03-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fion S. Chan
5. Manuscript Title Endoscopic resection of gastric submucosal tumor		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

1. Given Name (First Name)

Simon

2. Surname (Last Name)

Law

3. Date

03-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Fion S. Chan

5. Manuscript Title

Endoscopic resection of gastric submucosal tumor

6. Manuscript Identifying Number (if you know it)

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