

## 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)

Jessica

2. Surname (Last Name)

Levine

3. Date

12-July-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Zuliang Feng

5. Manuscript Title

Preoperative patient care involved with robotic-assisted bariatric surgery

6. Manuscript Identifying Number (if you know it)

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

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Dr. Levine has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Zuliang

2. Surname (Last Name)

Feng

3. Date

12-July-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Preoperative patient care involved with robotic-assisted bariatric surgery

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) David	2. Surname (Last Name) Feng	3. Date 12-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zuliang Feng
5. Manuscript Title Preoperative patient care involved with robotic-assisted bariatric surgery		
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