

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)
Surendra

2. Surname (Last Name)
Ugale

3. Date
01-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laparoscopic bariatric surgery-current trends and controversies

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Ugale has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Amar	2. Surname (Last Name) Vennapusa	3. Date 01-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Surendra Ugale
5. Manuscript Title Laparoscopic bariatric surgery-current trends and controversies		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Vennapusa has nothing to disclose.

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1. Given Name (First Name) Abhishek	2. Surname (Last Name) Katakwar	3. Date 01-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Surendra Ugale
5. Manuscript Title Laparoscopic bariatric surgery-current trends and controversies		
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Ayushka

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Ugale

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01-July-2017

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Yes

No

Corresponding Author's Name

Surendra Ugale

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