

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)
Adrian Kah Heng

2. Surname (Last Name)
Chiuw

3. Date
19-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic distal pancreatectomy—current status and learning curves

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Chiow has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Sarah Kher Ru

2. Surname (Last Name)
Sim

3. Date
19-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Adrian Kah Heng Chiow

5. Manuscript Title
Robotic distal pancreatectomy—current status and learning curves

6. Manuscript Identifying Number (if you know it)

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Dr. Sim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lip Seng	2. Surname (Last Name) Lee	3. Date 19-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrian Kah Heng Chiow
5. Manuscript Title Robotic distal pancreatectomy—current status and learning curves		
6. Manuscript Identifying Number (if you know it)		

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