

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) Salomone	2. Surname (Last Name) Di Saverio	3. Date 11-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Georgi Popivanov
5. Manuscript Title Laparoscopic treatment of obstructive right colon cancer		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Di Saverio 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)

Mihail

2. Surname (Last Name)

Tabakov

3. Date

11-April-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Georgi Popivanov

5. Manuscript Title

Laparoscopic treatment of obstructive right colon cancer

6. Manuscript Identifying Number (if you know it)

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Dr. Tabakov has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Roberto	2. Surname (Last Name) Cirocchi	3. Date 11-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Georgi Popivanov
5. Manuscript Title Laparoscopic treatment of obstructive right colon cancer		
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Section 1. Identifying Information

1. Given Name (First Name)
Georgi

2. Surname (Last Name)
Popivanov

3. Date
11-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laparoscopic treatment of obstructive right colon cancer

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Ventsislav

2. Surname (Last Name)
Mutafchiyski

3. Date
11-April-2018

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Georgi Popivanov

5. Manuscript Title
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