

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)
Aqsa

2. Surname (Last Name)
Shakoor

3. Date
24-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laparoscopic splenectomy utilizing an extraperitoneal pocket for symptomatic wandering spleen

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Shakoor 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) Jennifer	2. Surname (Last Name) DeFazio	3. Date 24-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aqsa Shakoor
5. Manuscript Title Laparoscopic splenectomy utilizing an extraperitoneal pocket for symptomatic wandering spleen		
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. DeFazio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ariela	2. Surname (Last Name) Zenilman	3. Date 24-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aqsa Shakoor
5. Manuscript Title Laparoscopic splenectomy utilizing an extraperitoneal pocket for symptomatic wandering spleen		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Linda	2. Surname (Last Name) Li	3. Date 24-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aqsa Shakoor
5. Manuscript Title Laparoscopic splenectomy utilizing an extraperitoneal pocket for symptomatic wandering spleen		
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