

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)
Rawisak

2. Surname (Last Name)
Chanwat

3. Date
28-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
How I do it: laparoscopic anatomical segment 8 resection

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. Chanwat has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Chairat

2. Surname (Last Name)

Bunchaliew

3. Date

28-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Rawisak Chanwat

5. Manuscript Title

How I do it: laparoscopic anatomical segment 8 resection

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Rapheephat	2. Surname (Last Name) Tanompetsanga	3. Date 28-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rawisak Chanwat
5. Manuscript Title How I do it: laparoscopic anatomical segment 8 resection		
6. Manuscript Identifying Number (if you know it)		

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Nuengruetai

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Orannapalai

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