

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Chun Han Nigel	2. Surname (Last Name) Tan	3. Date 29-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Chieh Alfred Kow
5. Manuscript Title Observing an upward trajectory in minimally invasive hepatectomies in Singapore—a nationwide analysis		
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1. Given Name (First Name) Brian	2. Surname (Last Name) Goh	3. Date 29-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Chieh Alfred Kow
5. Manuscript Title Observing an upward trajectory in minimally invasive hepatectomies in Singapore—a nationwide analysis		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Goh 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) Ser Yee	2. Surname (Last Name) Lee	3. Date 29-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Chieh Alfred Kow
5. Manuscript Title Observing an upward trajectory in minimally invasive hepatectomies in Singapore—a nationwide analysis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lee 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) Chung Yip	2. Surname (Last Name) Chan	3. Date 29-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Chieh Alfred Kow
5. Manuscript Title Observing an upward trajectory in minimally invasive hepatectomies in Singapore—a nationwide analysis		
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Dr. Chan 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) Iyer Shridhar	2. Surname (Last Name) Ganpathi	3. Date 29-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Chieh Alfred Kow
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Wei Chieh Alfred

2. Surname (Last Name)
Kow

3. Date
29-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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