

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.

Identifying information.

The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

Altoukhi 1



| Section 1. | Identifying Inform | nation | |
|---|----------------------------|------------------------------------|--|
| 1. Given Name (First Name) Khaled | | 2. Surname (Last Name) Altoukhi | 3. Date 20-October-2018 |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name David L. Morris |
| 5. Manuscript Title Minimally invasive cytoreductive surgery and hyperthermic intraperitoneal chemotherapy | | | peritoneal chemotherapy |
| 6. Manuscript Ider | ntifying Number (if you kr | now it) | |
| | | | - |
| Section 2. | The Work Under Co | onsideration for Public | cation |
| any aspect of the s statistical analysis, | ubmitted work (including | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, |
| Section 3. | Polovant financial | | unhumittand unnuls |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | |
| Section 4. | Intellectual Proper | rty Patents & Copyric | phts |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Altoukhi 2



| Section 5. Relationships not severed above | | |
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| Relationships not covered above | | |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? | | |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest | | |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. | | |
| Section 6. Disclosure Statement | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | |
| Dr. Altoukhi has nothing to disclose. | | |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Alzahrani 1



| Section 1. | Identifying Inform | ation | | |
|---|---------------------------|-------------------------------------|--|-------------|
| 1. Given Name (First Name) Nayef | | 2. Surname (Last Name) Alzahrani | 3. Date 20-Octobe | r-2018 |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name David L. Morris | |
| 5. Manuscript Title Minimally invasive cytoreductive surgery and hyperthermic intraperitoneal chemotherapy | | | | |
| 6. Manuscript Iden | tifying Number (if you kn | ow it) | | |
| | | | - | |
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| Section 3. | | | 1 20 1 | |
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| | intellectual Proper | ty Patents & Copyric | ints — | |
| Do you have any | patents, whether planr | ned, pending or issued, br | oadly relevant to the work? Yes | ✓ No |

Alzahrani 2



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Morris

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administrative support, etc.



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|---|---|----------------------------------|----------------------------|--|--|--|
| 1. Given Name (First Name) David | | 2. Surname (Last Name) Morris | 3. Date 20-October-2018 | | | |
| 4. Are you the corresponding author? | | ✓ Yes No | | | | |
| • | 5. Manuscript Title Minimally invasive cytoreductive surgery and hyperthermic intraperitoneal chemotherapy | | | | | |
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| | | | | | | |
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| | • | | | | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V | | | | | | |

Morris 2



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Morris 3