

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
James Wei Tatt

2. Surname (Last Name)
Toh

3. Date
01-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Understanding the role of mechanical bowel preparation and oral antibiotics prior to elective colorectal surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Toh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joris

2. Surname (Last Name)

Harlaar

3. Date

01-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

James Wei Tatt Toh

5. Manuscript Title

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Dr. Harlaar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nimalan	2. Surname (Last Name) Pathmanathan	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Wei Tatt Toh
5. Manuscript Title Understanding the role of mechanical bowel preparation and oral antibiotics prior to elective colorectal surgery		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Dr. Pathmanathan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Toufic	2. Surname (Last Name) El-Khoury	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Wei Tatt Toh
5. Manuscript Title Understanding the role of mechanical bowel preparation and oral antibiotics prior to elective colorectal surgery		
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Dr. El-Khoury has nothing to disclose.

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1. Given Name (First Name)

Grahame

2. Surname (Last Name)

Ctercteko

3. Date

01-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

James Wei Tatt Toh

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Angelina	2. Surname (Last Name) Di Re	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Wei Tatt Toh
5. Manuscript Title Understanding the role of mechanical bowel preparation and oral antibiotics prior to elective colorectal surgery		
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

Section 3. Relevant financial activities outside the submitted work.

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 No

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

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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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Section 6. Disclosure Statement

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Dr. Di Re has nothing to disclose.

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