

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Vinay	2. Surname (Last Name) Goyal	3. Date 07-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ann M. Rogers
5. Manuscript Title Abnormal pathology in cholecystectomy patients with normal preoperative studies		
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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Dr. Goyal has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Samantha

2. Surname (Last Name)  
Witte

3. Date  
07-August-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ann M. Rogers

5. Manuscript Title  
Abnormal pathology in cholecystectomy patients with normal preoperative studies

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Witte has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Jerome

2. Surname (Last Name)

Lyn-Sue

3. Date

07-August-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ann M. Rogers

5. Manuscript Title

Abnormal pathology in cholecystectomy patients with normal preoperative studies

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Ann

2. Surname (Last Name)

Rogers

3. Date

07-August-2019

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Yes  No

5. Manuscript Title

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