

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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

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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) Luis	2. Surname (Last Name) Serrano	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vic Velanovich
5. Manuscript Title After the Hiatal Hernia Repair: Fundoplication, yes or no? Partial or complete?		
6. Manuscript Identifying Number (if you know it) ALES-2019-HH-01(ALES-19-230)		

Section 2. The Work Under Consideration for Publication

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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. Serrano has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Adham

2. Surname (Last Name)
Saad

3. Date
16-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
After the Hiatal Hernia Repair: Fundoplication, yes or no? Partial or complete?

6. Manuscript Identifying Number (if you know it)
ALES-2019-HH-01 (ALES-19-230)

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Dr. Saad has nothing to disclose.

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1. Given Name (First Name) Christopher	2. Surname (Last Name) DuCoin	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Vic Velanovich
5. Manuscript Title After the Hiatal Hernia Repair: Fundoplication, yes or no? Partial or complete?		
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Vic

2. Surname (Last Name)
Velanovich

3. Date
16-April-2020

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