

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.

1. Identifying information.

2. 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.

5. Relationships not covered above.

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



Section 1. Identifying Ir	formation	
1. Given Name (First Name) Elisa	2. Surname (Last Name) Furay	3. Date 30-March-2020
4. Are you the corresponding author	Yes No	
5. Manuscript Title Who Should be Repairing These H	ernias? Level of Expertise?	

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	٩٩
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Section 6. Disclosure Statement

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Dr. Furay has nothing to disclose.

Evaluation and Feedback

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Section 1.	Identifying Infor	mation	
1. Given Name (Fir Stephanie	st Name)	2. Surname (Last Name) Doggett	3. Date 27-March-2020
4. Are you the corr	esponding author?	✓ Yes No	
5. Manuscript Title Who should be fi	xing these hernias? I	evel of Expertise?	

6. Manuscript Identifying Number (if you know it)

ALES-2019-HH-04(ALES-19-237)

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.)?

🖌 No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Johnson & Johnson			\checkmark		Consulting	
Bard			\checkmark		Consulting	

Section 4.

Intellectual Property -- Patents & Copyrights

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



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Dr. Doggett reports non-financial support from Johnson & Johnson, non-financial support from Bard, outside the submitted work; .

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1. Given Name (Fi F.P.	rst Name)	2. Surname (Last Name) Buckley III	3. Date 27-March-2020
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Titl Who Should Be	e Repairing These Hernia	as? Level of Expertise?	
6. Manuscript Ide	ntifying Number (if you k	now it)	

ALES-2019-HH-04(ALES-19-237)

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Are there any relevant conflicts of interest?	1	Yes
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Bard			\checkmark		Consulting/Speaker's Bureau	
Endostim			\checkmark		Consulting/Speaker's Bureau	

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