

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Chadli

2. Surname (Last Name)

DZIRI

3. Date

27-March-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Surgery of the pancreatic cystic echinococcosis: a case report

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.)?

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Dr. DZIRI 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)

Zied

2. Surname (Last Name)

BOKAL

3. Date

22-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr Chadli DZIRI

5. Manuscript Title

Surgery of the pancreatic cystic echinococcosis: a case report

6. Manuscript Identifying Number (if you know it)

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

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Dr. BOKAL has nothing to disclose.

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1. Given Name (First Name)  
Wejih

2. Surname (Last Name)  
DOUGAZ

3. Date  
29-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Chadli DZIRI

5. Manuscript Title  
Surgery of the pancreatic cystic echinococcosis: a case report

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Saber	2. Surname (Last Name) MANNAI	3. Date 23-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr Chadli DZIRI
5. Manuscript Title Surgery of the pancreatic cystic echinococcosis: a case report		
6. Manuscript Identifying Number (if you know it)		

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