

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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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Isabella	2. Surname (Last Name) Commings	3. Date 22-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Satish Warrior
5. Manuscript Title Advanced Applications of transanal total mesorectal excision (taTME)- Beyond taTME planes (A cohort study)		
6. Manuscript Identifying Number (if you know it) ALES-2019-TaTME-10		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Commins has nothing to disclose.

Evaluation and Feedback

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Section 1.

Identifying Information

1. Given Name (First Name)

Jacob

2. Surname (Last Name)

McCormick

3. Date

22-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Satish Warrior

5. Manuscript Title

Advanced Applications of transanal total mesorectal excision (taTME)- Beyond taTME planes (A cohort study)

6. Manuscript Identifying Number (if you know it)

ALES-2019-TaTME-10

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Are there any relevant conflicts of interest?

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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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Dr. McCormick has nothing to disclose.

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Identifying Information

1. Given Name (First Name)

Phil

2. Surname (Last Name)

Smart

3. Date

22-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Satish Warrior

5. Manuscript Title

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1. Given Name (First Name)
Satish

2. Surname (Last Name)
Warrier

3. Date
22-April-2020

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5. Manuscript Title
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