

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Can

2. Surname (Last Name)

Arcan

3. Date

05-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Pp-2 Laparoscopic Sleeve Gastrectomy Results

6. Manuscript Identifying Number (if you know it)

ALES-2019-BMS-34

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Dr. Arican has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Özgür

2. Surname (Last Name)
Akmeşe

3. Date
05-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pp-2 Laparoscopic Sleeve Gastrectomy Results

6. Manuscript Identifying Number (if you know it)
ALES-2019-BMS-34

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Levent

2. Surname (Last Name)

Uğurlu

3. Date

05-October-2020

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Yes No

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