

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.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Levent

2. Surname (Last Name)
Uğurlu

3. Date
05-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pp-4 Cases Gastric Stenosis After Laparoscopic Sleeve Gastrectomy

6. Manuscript Identifying Number (if you know it)
ALES-2019-BMS-36

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Section 6. Disclosure Statement

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Dr. Uğurlu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Tayfun

2. Surname (Last Name)

Kaya

3. Date

05-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Pp-4 Cases Gastric Stenosis After Laparoscopic Sleeve Gastrectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Kaya has nothing to disclose.

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1. Given Name (First Name)

Semra

2. Surname (Last Name)

Salimoğlu

3. Date

05-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Pp-4 Cases Gastric Stenosis After Laparoscopic Sleeve Gastrectomy

6. Manuscript Identifying Number (if you know it)

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Cengiz

2. Surname (Last Name)

Aydin

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05-October-2020

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