

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ersin

2. Surname (Last Name)

Öztürk

3. Date

05-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Pp-9 Sjit: Gejunoileal Transit With Pleasant Gastrectomy - Pilot Study

6. Manuscript Identifying Number (if you know it)

ALES-2019-BMS-41

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Dr. Öztürk has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Ersoy

2. Surname (Last Name)

Taşpınar

3. Date

05-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Pp-9 Sjit: Gejunoileal Transit With Pleasant Gastrectomy - Pilot Study

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ALES-2019-BMS-41

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Dr. Taşpınar has nothing to disclose.

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Barış

2. Surname (Last Name)

Gülcü

3. Date

05-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Pp-9 Sjit: Gejunoileal Transit With Pleasant Gastrectomy - Pilot Study

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1. Given Name (First Name)

Ali Önder

2. Surname (Last Name)

Devay

3. Date

05-October-2020

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Yes  No

5. Manuscript Title

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