

# ICMJE DISCLOSURE FORM

Date: 14/12/2022  
 Your Name: MILHALEM ONER  
 Manuscript Title: Laparoscopic Robot-Assisted Hemicolectomy: How Long?  
 Manuscript number (if known): ALC-22-69

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| <b>Time frame: Since the initial planning of the work</b> |   |  |   |
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| <b>Time frame: past 36 months</b>                         |   |  |   |
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|   |   |  |   |
| 3   | Royalties or licenses   | <input checked="" type="checkbox"/> None   |   |
|   |   |  |   |
| 4   | Consulting fees   | <input checked="" type="checkbox"/> None   |   |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |

Please summarize the above conflict of interest in the following box:

Nothing to disclose

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.



# ICMJE DISCLOSURE FORM

Date: 14/12/2022  
 Your Name: GOUHAN CIFE  
 Manuscript Title: Laparoscopic Right Hemicolectomy: How I do it?  
 Manuscript number (if known): ALES - 22-69

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Please summarize the above conflict of interest in the following box:

No disclosure.

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

*Goldman Sachs*

# ICMJE DISCLOSURE FORM

Date: 14/12/22  
 Your Name: MATHER AREF ABBAS  
 Manuscript Title: LAPAROSCOPIC RIGHT HEMICOLECTOMY: HOW I DO IT  
 Manuscript number (if known): ALOS - 22 - CA

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NOTHING TO DISCLOSE

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