ICMJE DISCLOSURE FORM

Date: 4 10 2022	
Your Name: MI HARREN CHER	1 1
Manuscript Title: 100000 conic Plant How coloctory: How	10014
Manuscript number (if known): ALEC - 20 - 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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initialNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

- 1			
5	Payment or honoraria for	None	
	lectures, presentations,	\	
	speakers bureaus,		
	manuscript writing or		
	educational events	\ /	
6	Payment for expert	<u>X</u> None	
	testimony	1	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending	None	
	perionig		
9	Participation on a Data	V None	
9		None	
	Safety Monitoring Board or	`	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	\	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	V None	
		1	
12	Receipt of equipment,	V None	
12	materials, drugs, medical		
	writing, gifts or other		
12	Services Other financial or non-	1 / Nana	
13		None	
	financial interests		1

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

notive to Michanie

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: GOUNAN CIPE	
Manuscript Title: La pom 10 pic Right	Hemrolectemy! How I do It!
Manuscript number (if known): A LES - 22 - 6	9

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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

En		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None	
	and the second	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	✓None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u></u> ✓ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests		

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.

Colhartine

ICMJE DISCLOSURE FORM

Date: 14/12	122								
Your Name:	MAHER	AREP	ABBAS		11. 1				
Manuscript Title:	LAPAR	DITOUR	RIGHT	HOMICO LECTOMY	HON	- 1	BO	<u>IT</u>	
Manuscript numb	er (if known)	: Auc	5 - 22	- 64					

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 <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
18142	September 18 Mary 18 M	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
	Payment for expert testimony	None	
,	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13 Other financial or non-financial interests 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:

Ple	ase place an "X" next to the following statement to indicate your agreement.
4	I certify that I have answered every question and have not altered the wording of any of the questions on this
	form.