

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tianzhou	2. Surname (Last Name) Liu	3. Date 03-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiaming Zhu
5. Manuscript Title Clinical research of totally laparoscopic modified Roux-en-Y reconstruction		
6. Manuscript Identifying Number (if you know it) JXYM-17-67		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Liu has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Zhiming	2. Surname (Last Name) Ma	3. Date 03-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiaming Zhu
5. Manuscript Title Clinical research of totally laparoscopic modified Roux-en-Y reconstruction		
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1. Given Name (First Name)

Jiaming

2. Surname (Last Name)

Zhu

3. Date

03-February-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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