

## 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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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Katy

2. Surname (Last Name)

O'Rourke

3. Date

20-September-2019

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Fluid management for enhanced recovery surgery

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. O'Rourke has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ben	2. Surname (Last Name) Morrison	3. Date 20-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katy O'Rourke
5. Manuscript Title Fluid management for enhanced recovery surgery		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Morrison has nothing to disclose.

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1. Given Name (First Name) Soumen	2. Surname (Last Name) Sen	3. Date 20-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katy O'Rourke
5. Manuscript Title Fluid management for enhanced recovery surgery		
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1. Given Name (First Name) Chris	2. Surname (Last Name) Jones	3. Date 20-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katy O'Rourke
5. Manuscript Title Fluid management for enhanced recovery surgery		
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