

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Zeneera

2. Surname (Last Name)
Yusuf

3. Date
25-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Emad H. Aly

5. Manuscript Title

Lateral pelvic lymph node dissection in the management of locally advanced low rectal cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Yusuf has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Brendan Zhen Yang	2. Surname (Last Name) Law	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emad H. Aly
5. Manuscript Title Lateral pelvic lymph node dissection in the management of locally advanced low rectal cancer		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Yu En	2. Surname (Last Name) Ng	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emad H. Aly
5. Manuscript Title Lateral pelvic lymph node dissection in the management of locally advanced low rectal cancer		
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Emad

2. Surname (Last Name)
Aly

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25-March-2020

4. Are you the corresponding author? Yes No

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6. Manuscript Identifying Number (if you know it)
doi: 10.21037/dmr.2020.02.03

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