

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

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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)

Xavier

2. Surname (Last Name)

Guerderas

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel Guerron

5. Manuscript Title

Surgical Approach of Weight Regain after Bariatric Surgery

6. Manuscript Identifying Number (if you know it)

DMR-2020-LGS-04(DMR-20-139)

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Dr. Guerderas has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Ramiro

2. Surname (Last Name)

Cadena-Semanate

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel Guerron

5. Manuscript Title

Surgical Approach of Weight Regain after Bariatric Surgery

6. Manuscript Identifying Number (if you know it)

DMR-2020-LGS-04(DMR-20-139)

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Dr. Cadena-Semanate has nothing to disclose.

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1. Given Name (First Name)

Glenda

2. Surname (Last Name)

Herrera

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniel Guerron

5. Manuscript Title

Surgical Approach of Weight Regain after Bariatric Surgery

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1. Given Name (First Name) Daniel

2. Surname (Last Name) Guerron

3. Date 28-September-2020

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Levita	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Gore	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker

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Dr. Guerron reports personal fees from Levita, personal fees from Gore, personal fees from Medtronic, outside the submitted work; .

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