ICMJE DISCLOSURE FORM

Date:10-4-2021
Your Name:Yuman Fong
Manuscript Title: Robotic as the Natural Evolution for MIS Liver Surgery: Technological Advances for Patient and
Surgeon Benefit
Manuscript number (if known):

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 manuscript only</u>.

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

		Vergent Biologics	
		Eureka Therapeutics	
_		Boehringer Ingelheim	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	pe		
9	Participation on a Data	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	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

YF is a paid scientific consultant for Medtronics, Johnson & Johnson, Vergent Biologics,
Eureka Therapeutics, and Boehringer Ingelheim. YF receives royalties for inventions from Merck
and Imugene.

Please place an " \mathbf{X} " next to the following statement to indicate your agreement:

_X 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:_10-4-2021	_
Your Name:Tamara Gall	
Manuscript Title: Robotic as the Natural Evolution for MIS Liver Surgery: Technological Advances for Patient and	
Surgeon Benefit	
Manuscript number (if known):	

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2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
_	educational events		
6	Payment for expert testimony	None	
-	Compant for attanding	Nana	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:
N	o conflicts to declare.		

Please place an "X" next to the following statement to indicate your agreement:

X___ 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:_10-4-2021
Your Name: Abigail Fong
Manuscript Title: Robotic as the Natural Evolution for MIS Liver Surgery: Technological Advances for Patient and
Surgeon Benefit
Manuscript number (if known):

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