

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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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### Section 1. Identifying Information

1. Given Name (First Name) Jeremie	2. Surname (Last Name) Abitbol	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter H. Gotlieb
5. Manuscript Title Evaluating postoperative pain and satisfaction among women treated by robotic surgery for gynecologic cancer		
6. Manuscript Identifying Number (if you know it) GPM-2018-08		

### 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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Abitbol 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) Susie      2. Surname (Last Name) Lau      3. Date 20-February-2019

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Walter H. Gotlieb

5. Manuscript Title  
Evaluating postoperative pain and satisfaction among women treated by robotic surgery for gynecologic cancer

6. Manuscript Identifying Number (if you know it)  
GPM-2018-08

### 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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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Minogue Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	support for proctoring
Intuitive Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lau reports other from Minogue Medical, personal fees from Intuitive Surgical, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Agnihotram	2. Surname (Last Name) Ramanakumar	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter H. Gotlieb
5. Manuscript Title Evaluating postoperative pain and satisfaction among women treated by robotic surgery for gynecologic cancer		
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Dr. Ramanakumar has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nancy	2. Surname (Last Name) Drummond	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter H. Gotlieb
5. Manuscript Title Evaluating postoperative pain and satisfaction among women treated by robotic surgery for gynecologic cancer		
6. Manuscript Identifying Number (if you know it) GPM-2018-08		

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Dr. Drummond has nothing to disclose.

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1. Given Name (First Name) Zeev	2. Surname (Last Name) Rosberger	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter H. Gotlieb
5. Manuscript Title Evaluating postoperative pain and satisfaction among women treated by robotic surgery for gynecologic cancer		
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Dr. Rosberger has nothing to disclose.

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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)  
Raphael

2. Surname (Last Name)  
Gotlieb

3. Date  
20-February-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Walter H. Gotlieb

5. Manuscript Title  
Evaluating postoperative pain and satisfaction among women treated by robotic surgery for gynecologic cancer

6. Manuscript Identifying Number (if you know it)  
GPM-2018-08

### 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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gotlieb 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) Jeffrey	2. Surname (Last Name) How	3. Date 20-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter H. Gotlieb
5. Manuscript Title Evaluating postoperative pain and satisfaction among women treated by robotic surgery for gynecologic cancer		
6. Manuscript Identifying Number (if you know it) GPM-2018-08		

### 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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. How has nothing to disclose.

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1. Given Name (First Name)  
Roy

2. Surname (Last Name)  
Kessous

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20-February-2019

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Walter H. Gotlieb

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Surgical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kessous reports grants from Intuitive Surgical, outside the submitted work; .

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1. Given Name (First Name) Walter

2. Surname (Last Name) Gotlieb

3. Date 20-February-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Minogue Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	support for proctoring
Intuitive Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gotlieb reports other from Minogue Medical, personal fees from Intuitive Surgical, outside the submitted work; .

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