

Instructions

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Section 1.	Identifying Infe	ormation	
1. Given Name (F Naotake	irst Name)	2. Surname (Last Name) Funamizu	3. Date 22-April-2020
4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl Geriatric nutritic cohort Ageo stu	onal risk index serve	s as risk factor of surgical site infection afte	er pancreatoduodenectomy: A validation
	ntifying Number (if yo		

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	V N	10



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Dr. Funamizu has nothing to disclose.

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1. Given Name (First Name) Kenji	2. Surname (Last Name) Omura	3. Date 22-April-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Naotake Funamizu
 Manuscript Title Geriatric nutritional risk index serves a cohort Ageo study 	s risk factor of surgical site	e infection after pancreatoduodenectomy: A validation

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. Given Name (First Name) akahiro	2. Surname (Last Name) Ozaki	3. Date 22-April-2020
I. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Naotake Funamizu
5. Manuscript Title Geriatric nutritional risk index serves a cohort Ageo study	as risk factor of surgical site	e infection after pancreatoduodenectomy: A validation
	know it)	

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		Honda			22-April-2020
4. Are you the corresp	onding author?	Yes	✓ No	Corresponding Author's Naotake Funamizu	Name
5. Manuscript Title Geriatric nutritional cohort Ageo study	risk index serves a	s risk factor	of surgical sit	e infection after pancreato	oduodenectomy: A validation
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Section 1. Identifying Info 1. Given Name (First Name) Kohei	rmation 2. Surname (Last Name) Mishima	3. Date 22-April-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Naotake Funamizu
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4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Naotake Funamizu
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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



1. Given Name (First Yasutsugu	Name)	2. Surname (Last Name) Takada	3. Date 22-April-2020	
4. Are you the corres	ponding author?	Yes 🖌 No	Corresponding Author's Name Naotake Funamizu	
5. Manuscript Title	l rick index convector	as risk factor of surgical site	infection after pancreatoduodenectomy: A vali	idation
Geriatric nutritiona cohort Ageo study		5		

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Section 1. 1. Given Name (First Go	Identifying Infor	mation 2. Surname (Last Nam Wakabayashi	ne) 3. Date 22-April-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Naotake Funamizu
5. Manuscript Title Geriatric nutrition cohort Ageo study		as risk factor of surgical	site infection after pancreatoduodenectomy: A validation
5. Manuscript Identi	ifying Number (if you	know it)	
Section 2.	The Work Under	Consideration for Pu	ublication

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Do vou have any pat	ents, whether planned.	pending or issued	, broadly relevant to the v	work? 🗌 Ye	s 🖌 No



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