

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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2. The work under consideration for publication.

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Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Wonkyo		2. Surname (Last Name) Shin	3. Date 16-January-2021			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Myong Cheol Lim			
5. Manuscript Title Liver mobilization, diaphragm peritonec		ctomy, full-thickness diapł	aragm resection, and reconstruction			
6. Manuscript Identifying Number (if you know it) GS-2019-URSOC-13(GS-20-425)						
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Are there any relevant conflicts of interest? Yes 🖌 No						
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Dr. Shin has nothing to disclose.

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1. Given Name (First Name) Jaehee	2. Surname (Last Name) Mun	3. Date 16-January-2021				
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Lim



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