

ICMJE DISCLOSURE FORM

Date: July 5th, 2021

Your Name: Kaiping Zhang

Manuscript Title: Developing the Surgical technique reporting checklist and standards (SUPER): a study protocol

Manuscript number (if known): GS-21-312

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> AME Publishing Company	Kaiping Zhang is the staff of AME Publishing company (the publisher of <i>Gland Surgery</i>).

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

Kaiping Zhang is the staff of AME Publishing company (the publisher of *Gland Surgery*).

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.

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical technique rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Yanfeng Ma
Institution	Lanzhou University
Research area	Clinical practice guideline / Evidence-based Medicine
Contact address	No. 199, Donggang West Road, Chengde District, Lanzhou
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Relevant Financial and Non-Monetary Activities	

Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?					
3a Financial support, including grants, sponsorships, personal fees, and other funding.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
4. Intellectual Property: Patents, trademarks, and copyrights					
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
4c Proprietary know-how in a substance, technology, or process.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
5. Intellectual Conflicts of Interests					
Competing or other intellectual interests (including those of an academic nature, e.g., a surgical technique invention or the name of a surgical technique was associated with you) that could potentially affect your objectivity with respect to the objective of the SUPER project and the data that may inform the development of essential reporting items.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
6. Relationships Not Covered Above					
Do you have any additional information to disclose that is not covered in the items above?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
7. Explanation					
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.					
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

8. Disclosure Statement

By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

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Date: 2020-11-17

Handwritten Signature: Yantong Ma

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Qianling Shi
Institution	Lanzhou University
Research area	Evidence-based Medicine
Contact address	No. 199, Donggang West Road, Chengguan District, Lanzhou
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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3a Financial support, including grants, sponsorships, personal fees, and other funding.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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Date:

Handwritten Signature: *Qian liq Shiv*

11/15/2020

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Jinlin Wu
Institution	Guangdong provincial people's hospital
Research area	cardiac surgery
Contact address	106 second Rd, Zhongshan
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Relevant Financial and Non-Monetary Activities	

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3a Financial support, including grants, sponsorships, personal fees, and other funding.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Intellectual Property: Patents, trademarks, and copyrights	
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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6. Relationships Not Covered Above	
Do you have any additional information to disclose that is not covered in the items above?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Explanation	

If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.

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Date: *Dec Nov 13, 2020*

Handwritten Signature: *Julia UU*

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Jianfei Shen
Institution	Taihou Hospital of Zhejiang Province
Research area	Lung Cancer
Contact address	No. 150 Xianca Street, Linhou 317000, Zhejiang, China
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.). Yes No

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Date: 11-18-2020

Handwritten Signature: Jimfei Chen

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Yulong He
Institution	Lanzhou University
Research area	General Surgery
Contact address	No.199,Donggang West Road,Chengguan District,Lanzhou
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Relevant Financial and Non-Monetary Activities	

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Date:

11/15/2020

Handwritten Signature: Yulong He

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Xianzhao Zhang
Institution	Lanzhou University
Research area	Evidence-based Medicine, and General Surgery
Contact address	No. 199, Donggang West Road, Chengguan District, Lanzhou
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date:

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Handwritten Signature:

Xianzhuo Zhang

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Parpan Jiao
Institution	Lanzhou University
Research area	Evidence-based, and General Surgery
Contact address	No.199, Donggang West Road, Chengguan District, Lanzhou
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date:

Handwritten Signature:

Pampan Jiao

ICMJE DISCLOSURE FORM

Date: July 5th, 2021

Your Name: Grace S. Li

Manuscript Title: Developing the Surgical technique reporting checklist and standaRs (SUPER): a study protocol

Manuscript number (if known): GS-21-312

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 **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	AME Publishing Company	Grace S. Li is the staff of AME Publishing Company (the publisher of Gland Surgery)

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

Grace S. Li is the staff of AME Publishing Company (the publisher of Gland Surgery).

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.

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Xueqin Tang
Institution	AME Publishing Company
Research area	Publishing and editing
Contact address	Jinhui Buidling, Jiefang South Road No. 123, Yuexiu District, Guangzhou, Guangdong, China
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Relevant Financial and Non-Monetary Activities	

Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?

3a Financial support, including grants, sponsorships, personal fees, and other funding. Yes No

3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc. Yes No

4. Intellectual Property: Patents, trademarks, and copyrights

4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project? Yes No

4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.). Yes No

4c Proprietary know-how in a substance, technology, or process. Yes No

5. Intellectual Conflicts of Interests

Competing or other intellectual interests (including those of an academic nature, e.g., a surgical technique invention or the name of a surgical technique was associated with you) that could potentially affect your objectivity with respect to the objective of the SUPER project and the data that may inform the development of essential reporting items. Yes No

6. Relationships Not Covered Above

Do you have any additional information to disclose that is not covered in the items above? Yes No

7. Explanation

If you have answered “Yes” to any of the questions above, please give the relevant details below; otherwise, please go to item 8.

Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

8. Disclosure Statement

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Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the team leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

Date:
2020-11-18

Handwritten Signature: *Xueqin Tang*

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	René Horsleben Petersen
Institution	Department of Cardiothorac
Research area	VATS lobectomy, segmentectomy, thym
Contact address	Inge Lehmanns Vej 5, Cope
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Relevant Financial and Non-Monetary Activities						
Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?						
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
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4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
6. Relationships Not Covered Above						
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Date: *February 23rd 2020*

Handwritten Signature: *Ravi H. Thakur*

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

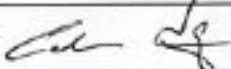
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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Ng Sze Hong Calvin
Institution	The Chinese University of Hong Kong
Research area	Thoracic Surgery, Lung Cancer
Contact address	Department of Surgery, Prince of Wales
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Date: 28th December 2020	Handwritten Signature: 	

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Full name	
Institution	
Research area	
Contact address	
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Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date:	Handwritten Signature:	

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Full name	
Institution	
Research area	
Contact address	
2. Employment and Consulting	
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2a Employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	ALFONSO FIORELLI
Institution	UNIVERSITY OF CAMPANIA VANVITELLI NAPLES
Research area	THORACIC SURGERY
Contact address	PIAZZA MIRAGLIA 83100, NAPLES, ITALY
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments
PCT/IT2018/00005	YES	NO	NO	NO	NO	NO

Intellectual Conflicts of Interests	Additional Information	Comments

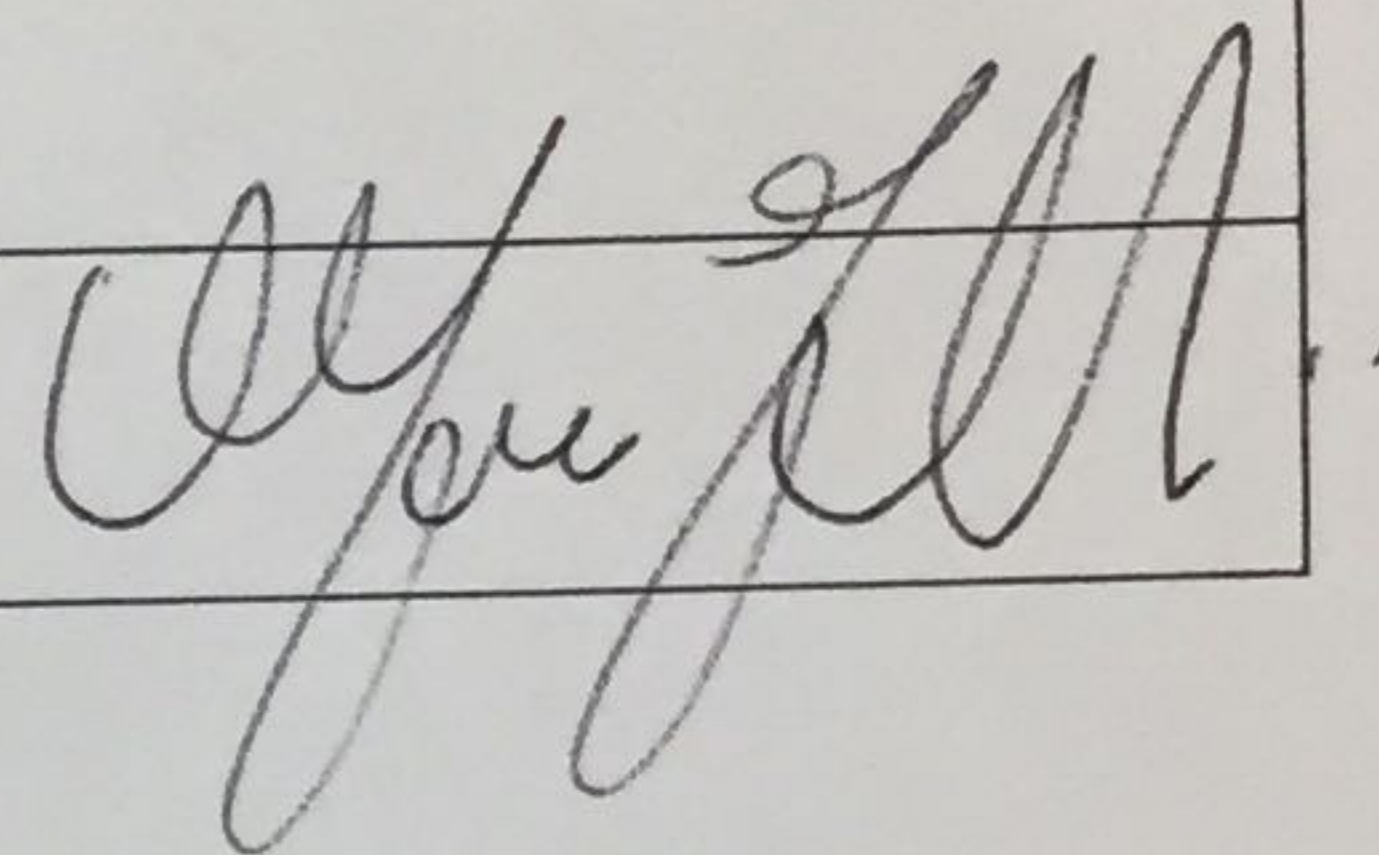
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Date: 23/12/2020

Handwritten Signature:



CONFIDENTIALITY AGREEMENT

You have been approved to join the *SUPER (Surgical technique rePorting chEcklist and standaRds) project*. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

1. Disclosure of Confidential Information. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

2. Miscellaneous. The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature: Benedetta Bedetti

Title: MD

Contact Telephone: +49 (0) 176-74760766

Contact E-mail: benedetta.bedetti@gmail.com

Date: 12.01.21

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	BENEDETTA ZEDATTI
Institution	HELIOS KLINIKUM BONN / RHEINFIEG
Research area	THORACIC SURGERY
Contact address	VON-HOMPESCH-STR. 1, 53123 BONN
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Date: 12.01.21

Handwritten Signature: *Benedetta Bedetti*

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Steven N. Hochwald
Institution	Roswell Park Comprehensive Cancer Center
Research area	Surgical Oncology
Contact address	Elm and Carlton Streets, Buffalo, NY 14263
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Relevant Financial and Non-Monetary Activities						
Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?						
3a Financial support, including grants, sponsorships, personal fees, and other funding.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4. Intellectual Property: Patents, trademarks, and copyrights						
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4c Proprietary know-how in a substance, technology, or process.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
5. Intellectual Conflicts of Interests						
Competing or other intellectual interests (including those of an academic nature, e.g., a surgical technique invention or the name of a surgical technique was associated with you) that could potentially affect your objectivity with respect to the objective of the SUPER project and the data that may inform the development of essential reporting items.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
6. Relationships Not Covered Above						
Do you have any additional information to disclose that is not covered in the items above?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
7. Explanation						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company		Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

8. Disclosure Statement

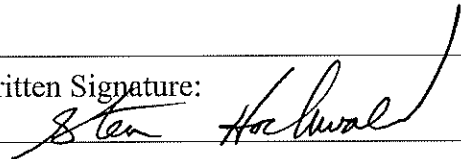
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Date:

12/30/20

Handwritten Signature:



CONFIDENTIALITY AGREEMENT

You have been approved to join the *SUPER (Surgical technique rePorting chEcklist and standaRds) project*. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

1. Disclosure of Confidential Information. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

2. Miscellaneous. The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature: Steve Hochwald

Title: Professor of Oncology, Chief of GI/Endocrine Surgery

Contact Telephone: 716 845 5714

Contact E-mail: Steven.hochwald@roswellpark.org

Date: 12/30/20

Intellectual Conflicts of Interests	Additional Information	Comments

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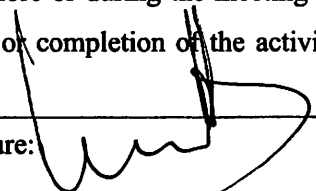
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Date:

January 8th 2021

Handwritten Signature:



TONI LERUT

3. Relevant Financial and Non-Monetary Activities						
Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?					No	
3a Financial support, including grants, sponsorships, personal fees, and other funding.					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	LERUT Toni
Institution	University Hospital Leuven Belgium
Research area	Thoracic Surgery
Contact address	Kortrijksestraat 191 B-3010 Leuven, Be
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	No
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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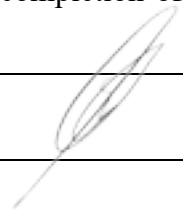
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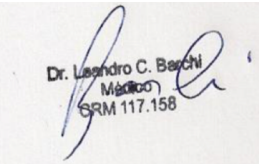
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Date:

Handwritten Signature:



Dr. Leandro C. Barchi
Médico
SRM 117.158

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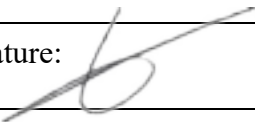
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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Ryuichi Waseda
Institution	Fukuoka University
Research area	Thoracic Surgery, Lung Transplant
Contact address	wryuichi0119@fukuoka-u.ac.jp
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date:

20th Jan. 2021

Handwritten Signature:



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Handwritten Signature: _____

D. Waseda

Title: Assistant Professor, Department of General Thoracic, Breast and Pediatric Surgery, Fukuoka University

Contact Telephone: +81-92-801-1011

Contact E-mail: wryuichi0119@fukuoka-u.ac.jp

Date: Jan. 20th. 2021

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1. Identification Information	
Full name	SEYFI ALPER TOKER
Institution	West Virginia University
Research area	Robotic Surgery
Contact address	
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	No
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments	
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

8. Disclosure Statement

By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the team leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

Date: Jan 16th, 2021

Handwritten Signature: 

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical techniqUe rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	
Institution	
Research area	
Contact address	
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Relevant Financial and Non-Monetary Activities

Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?

3a Financial support, including grants, sponsorships, personal fees, and other funding. Yes No

3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc. Yes No

4. Intellectual Property: Patents, trademarks, and copyrights

4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project? Yes No

4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.). Yes No

4c Proprietary know-how in a substance, technology, or process. Yes No

5. Intellectual Conflicts of Interests

Competing or other intellectual interests (including those of an academic nature, e.g., a surgical technique invention or the name of a surgical technique was associated with you) that could potentially affect your objectivity with respect to the objective of the SUPER project and the data that may inform the development of essential reporting items. Yes No

6. Relationships Not Covered Above


Do you have any additional information to disclose that is not covered in the items above? Yes No

7. Explanation

If you have answered “Yes” to any of the questions above, please give the relevant details below; otherwise, please go to item 8.

Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments
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Date: 24 January 2021	Handwritten Signature: 	

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical technique rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Robert Fruscio
Institution	University of Milan-Bicocca
Research area	Gynecology
Contact address	robert.fruscio@unimib.it
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Relevant Financial and Non-Monetary Activities						
Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?						
3a Financial support, including grants, sponsorships, personal fees, and other funding.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
6. Relationships Not Covered Above						
Do you have any additional information to disclose that is not covered in the items above?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
7. Explanation						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company		Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments
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Intellectual Conflicts of Interests	Additional Information	Comments

8. Disclosure Statement

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Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the team leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

Date: January 7th, 2021

Handwritten Signature:

A handwritten signature in black ink, appearing to be 'G+RS' with a horizontal line extending to the right.

CONFIDENTIALITY AGREEMENT

You have been approved to join the *SUPER (Surgical technique rePorting chEcklist and standaRds) project*. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

1. Disclosure of Confidential Information. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

2. Miscellaneous. The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature: _____

Title: _____

Contact Telephone: _____

Contact E-mail: _____

Date: _____

Marco Scarpi

MD, FRCR(ENG), FACS, FRCR, FERTS

+39 3159 364819

MARCO.SCARPI@MAC.COM

8/1/2021

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical technique rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	MARCO SCARPI
Institution	S. GERARDO HOSPITAL
Research area	THORACIC SURG.
Contact address	VIA FERGOLES 33 20960 MONZA ITALY
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Relevant Financial and Non-Monetary Activities						
Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?						
3a Financial support, including grants, sponsorships, personal fees, and other funding.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4. Intellectual Property: Patents, trademarks, and copyrights						
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
4c Proprietary know-how in a substance, technology, or process.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
5. Intellectual Conflicts of Interests						
Competing or other intellectual interests (including those of an academic nature, e.g., a surgical technique invention or the name of a surgical technique was associated with you) that could potentially affect your objectivity with respect to the objective of the SUPER project and the data that may inform the development of essential reporting items.						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
6. Relationships Not Covered Above						
Do you have any additional information to disclose that is not covered in the items above?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
7. Explanation						
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.						
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments	
Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments

Intellectual Conflicts of Interests	Additional Information	Comments

8. Disclosure Statement

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Date: 8/1/2024

Handwritten Signature: 

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	FABIO DAVOLI
Institution	AUSL ROMAGNA
Research area	THORACIC SURGERY
Contact address	RAVENNA, VIALE RANDI 5, ITALY
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Relevant Financial and Non-Monetary Activities																
Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?		NO, I DID NOT.														
3a Financial support, including grants, sponsorships, personal fees, and other funding.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
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4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
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If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.																
<table border="1"> <thead> <tr> <th>Name of Institution/Company</th> <th>Grant (Purpose and amount)</th> <th>Sponsorships (Purpose and amount)</th> <th>Personal Fees (Purpose and amount)</th> <th>Non-monetary support</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments								
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments											
<table border="1"> <thead> <tr> <th>Patent</th> <th>Pending</th> <th>Issued</th> <th>Licensed</th> <th>Royalties</th> <th>Licensee</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>1415708</td> <td></td> <td></td> <td>23/04/2015</td> <td></td> <td></td> <td>ITALIAN PATENT APPLICATION "TC2013A000036"</td> </tr> </tbody> </table>			Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments	1415708			23/04/2015			ITALIAN PATENT APPLICATION "TC2013A000036"
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1415708			23/04/2015			ITALIAN PATENT APPLICATION "TC2013A000036"										

Every information about the patent is described in the paper "Double-stapling technique for transhiatal distal esophageal resection: feasibility test in a cadaver model" Int J Surg. 2014;12(4):353-6. doi: 10.1016/j.ijsu.2014.01.009." I hold this patent since 2015, but I think there will be no conflict of interest in my participation in SUPER project.

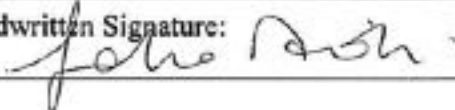
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Date:
18 JANUARY 2021

Handwritten Signature: 

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

Introduction

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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Piessen
Institution	CHU Lille
Research area	oncological surgery
Contact address	Department of Digestive
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. Relevant Financial and Non-Monetary Activities

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3a Financial support, including grants, sponsorships, personal fees, and other funding. Yes No

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4. Intellectual Property: Patents, trademarks, and copyrights

4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project? Yes No

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Date:

03/02/2021

Handwritten Signature:

Gpiessen

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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1. Identification Information	
Full name	
Institution	
Research area	
Contact address	
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Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments
NO	NO	NO	NO	NO	NO	NO

Intellectual Conflicts of Interests	Additional Information	Comments
NO	NO	NO

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Date:

2021-02-25

Handwritten Signature:

Qiu Bin

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

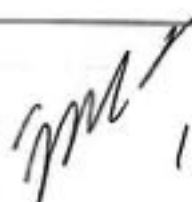
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Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Daoyuan WANG
Institution	AME Publishing Company
Research area	Publication
Contact address	swang@amegroups.com
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Relevant Financial and Non-Monetary Activities	



Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?	
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4. Intellectual Property: Patents, trademarks, and copyrights	
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4c Proprietary know-how in a substance, technology, or process.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Intellectual Conflicts of Interests	
Competing or other intellectual interests (including those of an academic nature, e.g., a surgical technique invention or the name of a surgical technique was associated with you) that could potentially affect your objectivity with respect to the objective of the SUPER project and the data that may inform the development of essential reporting items.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Relationships Not Covered Above	
Do you have any additional information to disclose that is not covered in the items above?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Explanation	

If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.

Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments

[Handwritten signature]
21

Patent	Pending	Issued	Licensed	Royalties	Licensee	Comments


Intellectual Conflicts of Interests	Additional Information	Comments

8. Disclosure Statement

By completing and signing this form, you consent to the disclosure of any relevant potential conflicts of interests to other participants and in the resulting report or work product.

Disclosure Statement: I hereby declare that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify the team leaders of the SUPER project and complete a new disclosure of potential conflicts of interest form to provide details of these changes. This includes any change that occurs before or during the meeting or work itself or during the period up to the publication of the final results or completion of the activity concerned.

Date: 2020.11.20

Handwritten Signature: 

CONFIDENTIALITY AGREEMENT

You have been approved to join the *SUPER (Surgical technique rePorting chEcklist and standaRds) project*. The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to the data collected in this project.

In this letter "Confidential Information" includes all business, operational and other information or data of whatever kind relating to SUPER group or its products/works, whether oral, written or in any other form, in any format relative to the Purpose, whether marked as "confidential" or not, under this Agreement.

1. Disclosure of Confidential Information. By signing this Agreement, you undertake to respect the confidentiality of all data and information supplied by SUPER project, including electronic and oral; and not to disclose such data and information to any third party other than to other official participants of the project concerned.

2. Miscellaneous. The signatory shall not make any public announcements concerning this Agreement, or use the project's names, trademarks, logos, insignia, or other identifying marks, or any version, abbreviation or representation of any of them, in any advertising, publicity, promotional materials or other public announcement without the prior written consent of the concerned project's committee, which consent may be withheld in its sole discretion. This Agreement supersedes all prior agreements, written or oral, between the parties relating to the subject matter of this Agreement.

Handwritten Signature: _____

Title: _____

Contact Telephone: _____

Contact E-mail: _____

Date: _____

[Handwritten Signature]

CEO, AME Publishing Company

+86-1892623 8588

swang@amegroups.com

2020.11.20

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

Introduction

Objectivity and independence are core principles of developing a reporting guideline. Each expert on the SUPER (Surgical technique rePorting chEcklist and standaRds) project panel must disclose any potential interests that may affect or deviate from these two principles. You must disclose on this Conflicts of Interests (COI) form for any financial, professional, or other potential interests related to the work, as well as any interests that may be affected by the SUPER project. This form will be reviewed by the COI management team to determine whether, and to what extent, you have a conflict of interest relevant to the SUPER subject.

By collating a list of essential reporting checklists for surgical technical articles, the SUPER project aims to improve the standardization and reporting of surgical technical articles. Through this, the SUPER project will help to further improve the objective evaluation and promote the development of surgical techniques in a more standardized, safe, effective, and feasible way for the benefit of patients.

Please complete and return this form to the secretary group within two weeks of receiving the invitation email.

1. Identification Information	
Full name	Yaolong Chen
Institution	Evidence-based Medicine Center, School of Basic Medical Sciences, Lanzhou University
Research area	Evidence-based Medicine; Guideline; Reporting guideline
Contact address	No. 198, Dongjiasong West Road, Chengguan District, Lanzhou
2. Employment and Consulting	
Within the past 3 years, have you received remuneration from a commercial entity or other organization with an interest related to the SUPER project?	
2a Employment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2b Consulting, including service as a technical, professional, or other advisor.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Relevant Financial and Non-Monetary Activities	

Within the past 3 years, have you or your research unit received support from a commercial or other organization with interest related to the SUPER project?					
3a Financial support, including grants, sponsorships, personal fees, and other funding.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3b Non-monetary support value, including collaborations, equipment, facilities, research assistants, paid travel to meetings, etc.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4. Intellectual Property: Patents, trademarks, and copyrights					
4a Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the SUPER project?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4b Patents, trademarks, or copyrights (pending applications, surgical instrument patents, etc.).		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4c Proprietary know-how in a substance, technology, or process.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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6. Relationships Not Covered Above					
Do you have any additional information to disclose that is not covered in the items above?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Explanation					
If you have answered "Yes" to any of the questions above, please give the relevant details below; otherwise, please go to item 8.					
Name of Institution/Company	Grant (Purpose and amount)	Sponsorships (Purpose and amount)	Personal Fees (Purpose and amount)	Non-monetary support	Comments

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Intellectual Conflicts of Interests	Additional Information	Comments

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Date:

11/17/2020

Handwritten Signature:

Yao Long Chen

Declaration of Conflicts of Interests for Surgical Technique Reporting Checklist and Standards Project

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Full name	
Institution	
Research area	
Contact address	
2. Employment and Consulting	
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NO	NO	NO	NO	NO	NO	NO

Intellectual Conflicts of Interests	Additional Information	Comments
NO	NO	NO

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Date: 2021-02-25 Handwritten Signature: 