

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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Section 1.	Identifying Information					
1. Given Name (First Name) Kit-fai		2. Surname (Last Name) Lee		3. Date 23-September-2020		
4. Are you the corresponding author?		✓ Yes	No			
	5. Manuscript Title A Narrative Review of Gallbladder Adenomyomatosis: What we need to know					
6. Manuscript Identifying Number (if you know it) ATM-24897-R2						
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Section 4.	Intellectual Proper	ty Pater	nts & Copyrig <u>hts</u>			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No						



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Dr. Lee has nothing to disclose.

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Section 1.	Identifying Information				
1. Given Name (First Name) Esther Hiu Yee		2. Surname (Last Name) Hung		3. Date 24-September-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Na Lee Kit-fai	Corresponding Author's Name Lee Kit-fai	
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