

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Weiqi	2. Surname (Last Name) Zhang	3. Date 01-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhenhua Hu; Jie Tian; Chihua Fang
5. Manuscript Title The Application of Near-Infrared Fluorescence Imaging in Hepatectomy for Hepatocellular Carcinoma		
6. Manuscript Identifying Number (if you know it) _____		

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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Section 6. Disclosure Statement

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Dr. Zhang 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)

Zhenhua

2. Surname (Last Name)

Hu

3. Date

01-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The Application of Near-Infrared Fluorescence Imaging in Hepatectomy for Hepatocellular Carcinoma

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Hu has nothing to disclose.

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Jie

2. Surname (Last Name)

Tian

3. Date

01-November-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Chihua

2. Surname (Last Name)

Fang

3. Date

01-November-2020

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Yes No

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