

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Bo

2. Surname (Last Name)

Zhang

3. Date

24-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Negative surgical exploration in suspected gastrointestinal perforation: trend, preoperative predictors, and etiologies

6. Manuscript Identifying Number (if you know it)

ATM-20-8158

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Dr. Zhang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xuan	2. Surname (Last Name) Liu	3. Date 24-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Zhang
5. Manuscript Title Negative surgical exploration in suspected gastrointestinal perforation: trend, preoperative predictors, and etiologies		
6. Manuscript Identifying Number (if you know it) ATM-20-8158		

### Section 2. The Work Under Consideration for Publication

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Dr. Liu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Weizhong	2. Surname (Last Name) Sheng	3. Date 24-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bo Zhang
5. Manuscript Title Negative surgical exploration in suspected gastrointestinal perforation: trend, preoperative predictors, and etiologies		
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Dr. Sheng has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yuda

2. Surname (Last Name)

Gong

3. Date

24-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Bo Zhang

5. Manuscript Title

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