ICMJE DISCLOSURE FORM

Date:20	021.04.25
Your Name:	e:Fenglin Zhao
Manuscript	t Title:Comparison between robotic and laparoscopic inguinal hernia repair in Caucasian patients: a meta
analysis	
Manuscript	t number (if known):unclear

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

		T		
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
	,			
7	Support for attending	None		
,	meetings and/or travel	None		
	meetings and/or traver			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
,	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
10	in other board, society,	None		
	committee or advocacy			
	•			
11	group, paid or unpaid	News		
11	Stock or stock options	None		
	_			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
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	None declared.			
	acciarca.			

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.

ICMJE DISCLOSURE FORM

Date:2021.04.25
Your Name:Baoshan Wang
Manuscript Title:Comparison between robotic and laparoscopic inguinal hernia repair in Caucasian patients: a meta
analysis
Manuscript number (if known):unclear

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0	pending	None		
	pending			
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	Advisory Board			
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10	in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
	Stock of Stock options	14011C		
12	Receipt of equipment,	None		
12	materials, drugs, medical			
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	services			
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ICMJE DISCLOSURE FORM

Date:2021.04.25
Your Name:Jie Chen
Manuscript Title:Comparison between robotic and laparoscopic inguinal hernia repair in Caucasian patients: a meta-
analysis
Manuscript number (if known):unclear

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