

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Gabrielle

2. Surname (Last Name)
Cervoni

3. Date
13-February-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minimally invasive resection of duodenal tumors

6. Manuscript Identifying Number (if you know it)
JOVS-18-418

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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cervoni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tori	2. Surname (Last Name) Singer	3. Date 13-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gabrielle Cervoni
5. Manuscript Title Minimally invasive resection of duodenal tumors		
6. Manuscript Identifying Number (if you know it) JOVS-18-418		

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Are there any relevant conflicts of interest? Yes No

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Dr. Singer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Corinne	2. Surname (Last Name) DeCicco	3. Date 13-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gabrielle Cervoni
5. Manuscript Title Minimally invasive resection of duodenal tumors		
6. Manuscript Identifying Number (if you know it) JOVS-18-418		

Section 2. The Work Under Consideration for Publication

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Dr. DeCicco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Critchlow	3. Date 13-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gabrielle Cervoni
5. Manuscript Title Minimally invasive resection of duodenal tumors		
6. Manuscript Identifying Number (if you know it) JOVS-18-418		

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Section 1. Identifying Information

1. Given Name (First Name)

Tara

2. Surname (Last Name)

Kent

3. Date

13-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gabrielle Cervoni

5. Manuscript Title

Minimally invasive resection of duodenal tumors

6. Manuscript Identifying Number (if you know it)

JOVS-18-418

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1. Given Name (First Name) Arthur	2. Surname (Last Name) Moser	3. Date 13-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gabrielle Cervoni
5. Manuscript Title Minimally invasive resection of duodenal tumors		
6. Manuscript Identifying Number (if you know it) JOVS-18-418		

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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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Dr. Moser has nothing to disclose.

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