

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Black	3. Date 06-September-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Inderpal S. Sarkaria
5. Manuscript Title Ivor Lewis robotic assisted minimally invasive esophagectomy: different approaches		
6. Manuscript Identifying Number (if you know it) JOVS-2019-RSEC-10		

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Dr. Black has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Hess

3. Date
06-September-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Inderpal S. Sarkaria

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Olugbenga	2. Surname (Last Name) Okusanya	3. Date 06-September-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Inderpal S. Sarkaria
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James

2. Surname (Last Name)
Luketich

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06-September-2019

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☐ Yes ☒ No

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