

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Rachel	2. Surname (Last Name) Hogen	3. Date 03-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohd Raashid Sheikh
5. Manuscript Title Robotic cystgastrostomy and transgastric pancreatic debridement		
6. Manuscript Identifying Number (if you know it) JOVS-19-130		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Hogen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hassan	2. Surname (Last Name) Aziz	3. Date 03-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohd Raashid Sheikh
5. Manuscript Title Robotic cystgastrostomy and transgastric pancreatic debridement		
6. Manuscript Identifying Number (if you know it) JOVS-19-130		

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Dr. Aziz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tiffany	2. Surname (Last Name) Lian	3. Date 03-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohd Raashid Sheikh
5. Manuscript Title Robotic cystgastrostomy and transgastric pancreatic debridement		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)

Yuri

2. Surname (Last Name)

Genyk

3. Date

03-December-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mohd Raashid Sheikh

5. Manuscript Title

Robotic cystgastrostomy and transgastric pancreatic debridement

6. Manuscript Identifying Number (if you know it)

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Mohd Raashid

2. Surname (Last Name)
Sheikh

3. Date
03-December-2019

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5. Manuscript Title
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