

## 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)

Deven

2. Surname (Last Name)

Patel

3. Date

18-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Harmik Soukiasian, MD

5. Manuscript Title

Robotic-assisted Ivor Lewis esophagectomy with combined stapled/sewn anastomosis

6. Manuscript Identifying Number (if you know it)

JOVS-2019-ATED-04

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Dr. Patel 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) Evangeline	2. Surname (Last Name) Rodriguez	3. Date 18-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Harmik Soukiasian, MD
5. Manuscript Title Robotic-assisted Ivor Lewis esophagectomy with combined stapled/sewn anastomosis		
6. Manuscript Identifying Number (if you know it) JOVS-2019-ATED-04		

### 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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Dr. Rodriguez has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Fernando

2. Surname (Last Name)  
Espinoza-Mercardo

3. Date  
18-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Harmik Soukiasian, MD

5. Manuscript Title  
Robotic-assisted Ivor Lewis esophagectomy with combined stapled/sewn anastomosis

6. Manuscript Identifying Number (if you know it)  
JOVS-2019-ATED-04

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Dr. Espinoza-Mercardo has nothing to disclose.

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1. Given Name (First Name) Taryne	2. Surname (Last Name) Imai	3. Date 18-April-2020
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Dr. Imai has nothing to disclose.

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Harmik

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Soukiasian

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18-April-2020

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