

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
shaobin

2. Surname (Last Name)
yu

3. Date
19-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Mingqiang Kang

5. Manuscript Title

Case report : Da Vinci Robot-assisted Modified Minimally Invasive Total Esophagectomy

6. Manuscript Identifying Number (if you know it)

1624

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2. Surname (Last Name)
Kang

3. Date
19-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Case report : Da Vinci Robot-assisted Modified Minimally Invasive Total Esophagectomy

6. Manuscript Identifying Number (if you know it)
1624

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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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