

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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) Dylan	2. Surname (Last Name) Buller	3. Date 08-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Benjamin T Ristau, MD
5. Manuscript Title Open versus minimally invasive surgery for adrenocortical carcinoma		
6. Manuscript Identifying Number (if you know it) TAU-2019-MIUO-09		

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Buller has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Alex	2. Surname (Last Name) Hennessey	3. Date 08-July-2020
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1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Ristau

3. Date
19-March-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Open versus minimally invasive surgery for suspected adrenocortical carcinoma

6. Manuscript Identifying Number (if you know it)
TAU-2019-MIUO-09

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