

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hussein	2. Surname (Last Name) Baydoun	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth David
5. Manuscript Title Locoregional options in the management of cholangiocarcinoma: Single center experience		
6. Manuscript Identifying Number (if you know it) APM-19-362		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Baydoun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Harley	2. Surname (Last Name) Meirovich	3. Date 02-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth David
5. Manuscript Title Locoregional options in the management of cholangiocarcinoma: Single center experience		
6. Manuscript Identifying Number (if you know it) APM-19-362		

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Dr. Meirovich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gilbert

2. Surname (Last Name)

Maroun

3. Date

31-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Elizabeth David

5. Manuscript Title

Locoregional options in the management of cholangiocarcinoma: Single center experience

6. Manuscript Identifying Number (if you know it)

APM-19-362

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Dr. Maroun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Natalie	2. Surname (Last Name) Coburn	3. Date 18-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth David
5. Manuscript Title Locoregional options in the management of cholangiocarcinoma: Single center experience		
6. Manuscript Identifying Number (if you know it) APM-19-362		

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Section 1. Identifying Information

1. Given Name (First Name)

Elizabeth

2. Surname (Last Name)

David

3. Date

06-August-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Locoregional options in the management of cholangiocarcinoma: Single center experience

6. Manuscript Identifying Number (if you know it)

APM-19-362

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