

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)

Alison

2. Surname (Last Name)

Smith

3. Date

24-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Joseph F. Buell

5. Manuscript Title

A multi-institutional analysis of minimally invasive liver resections

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ioannis	2. Surname (Last Name) Konstantinidis	3. Date 24-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph F. Buell
5. Manuscript Title A multi-institutional analysis of minimally invasive liver resections		
6. Manuscript Identifying Number (if you know it)		

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Dr. Konstantinidis 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)
Yuman

2. Surname (Last Name)
Fong

3. Date
24-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joseph F. Buell

5. Manuscript Title
A multi-institutional analysis of minimally invasive liver resections

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Martinie	3. Date 24-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph F. Buell
5. Manuscript Title A multi-institutional analysis of minimally invasive liver resections		
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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Iannitti

3. Date
24-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joseph F. Buell

5. Manuscript Title
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5. Manuscript Title
A multi-institutional analysis of minimally invasive liver resections

6. Manuscript Identifying Number (if you know it)

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

Section 3. Relevant financial activities outside the submitted work.

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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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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Buell has nothing to disclose.

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