

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Riccardo	2. Surname (Last Name) Pravisani	3. Date 25-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Susumu Eguchi
5. Manuscript Title Pure laparoscopic donor right hepatectomy: exploring the dark side of the moon		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Pravisani has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Mitsuhsisa

2. Surname (Last Name)
Takatsuki

3. Date
25-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Susumu Eguchi

5. Manuscript Title
Pure laparoscopic donor right hepatectomy: exploring the dark side of the moon

6. Manuscript Identifying Number (if you know it)

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Dr. Takatsuki has nothing to disclose.

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1. Given Name (First Name)
Umberto

2. Surname (Last Name)
Baccarani

3. Date
25-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Susumu Eguchi

5. Manuscript Title

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