

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.

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4. Intellectual Property.

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earning royalties or not

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

paten

Takatsuki 1



Section 1.	Identifying Informa	ation		
1. Given Name (First Name) Mitsuhisa		2. Surname (Last Name) Takatsuki		3. Date 03-August-2018
4. Are you the corresponding author?		✓ Yes	No	
5. Manuscript Title The appropriate P	ringle maneuver proce	edure in lapar	oscopic and robotic hepatectomies	
6. Manuscript Ident	tifying Number (if you kno	ow it)		
Section 2.	- 1 w 11 1 c		(D.H)	
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 V No				
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		<u>*</u>	or issued, broadly relevant to the work	k? ☐ Yes ✓ No

Takatsuki 2



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Dr. Takatsuki ha	s nothing to disclose.	

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Soyama 1



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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Mitsuhisa Takatsuki		
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Eguchi 1



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