

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

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### Section 1. Identifying Information

1. Given Name (First Name)

Hiroaki

2. Surname (Last Name)

Komatsu

3. Date

24-June-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review

6. Manuscript Identifying Number (if you know it)

LS-19-57

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Dr. Komatsu 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)  
Fuminori

2. Surname (Last Name)  
Taniguchi

3. Date  
23-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hiroaki Komatsu

5. Manuscript Title

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Dr. Taniguchi has nothing to disclose.

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1. Given Name (First Name)  
Hiroki

2. Surname (Last Name)  
Nagata

3. Date  
23-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hiroaki Komatsu

5. Manuscript Title

Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Takaya

2. Surname (Last Name)  
Nakaso

3. Date  
24-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hiroaki Komatsu

5. Manuscript Title

Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review

6. Manuscript Identifying Number (if you know it)

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Dr. Nakaso 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) Yohei	2. Surname (Last Name) Nagaya	3. Date 24-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroaki Komatsu
5. Manuscript Title Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review		
6. Manuscript Identifying Number (if you know it)		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Satoru	2. Surname (Last Name) Tsukihara	3. Date 24-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroaki Komatsu
5. Manuscript Title Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review		
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

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### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Tsukihara 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) Masako	2. Surname (Last Name) Sarugami	3. Date 24-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroaki Komatsu
5. Manuscript Title Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review		
6. Manuscript Identifying Number (if you know it) _____		

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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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### Section 1. Identifying Information

1. Given Name (First Name)  
Tasuku

2. Surname (Last Name)  
Harada

3. Date  
24-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hiroaki Komatsu

5. Manuscript Title

Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review

6. Manuscript Identifying Number (if you know it)

LS-19-57

### Section 2. The Work Under Consideration for Publication

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Yasunobu

2. Surname (Last Name)  
Kanamori

3. Date  
23-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hiroaki Komatsu

5. Manuscript Title

Retrospective evaluation of the crucial factor in total laparoscopic hysterectomy by using video review

6. Manuscript Identifying Number (if you know it)

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Dr. Kanamori has nothing to disclose.

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