

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)
Andrew

2. Surname (Last Name)
Lelchuk

3. Date
03-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kevin Bain

5. Manuscript Title
Hydatid cyst of Morgagni—the case of a misidentified paratubal cyst as an appendiceal mucocele

6. Manuscript Identifying Number (if you know it)

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Dr. Lelchuk has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Nicoara	3. Date 03-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Bain
5. Manuscript Title Hydatid cyst of Morgagni—the case of a misidentified paratubal cyst as an appendiceal mucocele		
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Dr. Nicoara has nothing to disclose.

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1. Given Name (First Name) Sharique	2. Surname (Last Name) Nazir	3. Date 03-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Bain
5. Manuscript Title Hydatid cyst of Morgagni—the case of a misidentified paratubal cyst as an appendiceal mucocele		
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1. Given Name (First Name) Shinban	2. Surname (Last Name) Liu	3. Date 03-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kevin Bain
5. Manuscript Title Hydatid cyst of Morgagni—the case of a misidentified paratubal cyst as an appendiceal mucocele		
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Bain

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