

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.

Identifying information.

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4. Intellectual Property.

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

Relationships not covered above.

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Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Salibi 1



| Section 1. | Identifying Inform | nation | | |
|---|--|--|--|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Salibi | 3. Date 29-April-2020 | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Lee Ocuin, MD | |
| 5. Manuscript Title Building up an e | | rgery team: who do we ne | ed? | |
| 6. Manuscript Ider LS-2019-RLS-04(| ntifying Number (if you kr LS-19-102) | now it) | | |
| | | | | |
| Section 2. | The Work Under Co | onsideration for Public | cation | |
| 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. | Delevent finencial | | مان مناه مناه المناه ال | |
| Place a check in to of compensation clicking the "Add | the appropriate boxes i) with entities as descri | bed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | |
| Section 4. | Intellectual Preper | rty Patents & Copyrig | uhte | |
| | mtenectuai Proper | ty Patents & Copyrig | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V | | | | |

Salibi 2



| Section 5. Relationships not severed above |
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| 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? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Salibi has nothing to disclose. |

Evaluation and Feedback

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Salibi 3



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Vrochides 1



| Section 1. | Identifying Inform | nation | | | |
|---|--|--|--|--|--|
| Given Name (Fir Dionisios | rst Name) | 2. Surname (Last Name) Vrochides | 3. Date 29-April-2020 | | |
| 4. Are you the corr | Are you the corresponding author? Yes No | | Corresponding Author's Name Lee Ocuin, MD | | |
| 5. Manuscript Title Building up an ef | | rgery team: who do we ne | ed? | | |
| 6. Manuscript Ider LS-2019-RLS-04(l | ntifying Number (if you kr _S-19-102) | now it) | | | |
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| Section 2. | The Work Under Co | onsideration for Public | ation | | |
| any aspect of the si statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | |
| Section 3. | Relevant financial | activities outside the s | ubmitted work. | | |
| of compensation clicking the "Add |) with entities as descri | bed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication . | | |
| Section 4. | Intellectual Proper | rty Patents & Copyric | jhts | | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? ☐ Yes ✓ No | | |

Vrochides 2



| Section 5. | | | | | |
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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? | | | | |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): | | | | |
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| Section 6. | Disclosure Statement | | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | | |
| Dr. Vrochides ha | ns nothing to disclose. | | | | |

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Martinie 1



| Section 1. Identifying Inform | mation | | | | | |
|---|---|--|--|--|--|--|
| 1. Given Name (First Name) John | 2. Surname (Last Name) Martinie | 3. Date 29-April-2020 | | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Lee Ocuin, MD | | | | |
| 5. Manuscript Title Building up an effective robotic liver su | urgery team: who do we ne | eed? | | | | |
| 6. Manuscript Identifying Number (if you k LS-2019-RLS-04(LS-19-102) | now it) | | | | | |
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| Section 2. The Work Under C | Consideration for Public | cation | | | | |
| any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter | g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, | | | | |
| Section 3. Relevant financial | ection 3. Relevant financial activities outside the submitted work. | | | | | |
| of compensation) with entities as descri | ribed in the instructions. Useport relationships that we rest? | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication . | | | | |
| Name of Entity | Grant? Personal No | on-Financial Other? Comments | | | | |
| ntuitive Surgical | | Proctor, course director, speaker | | | | |
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| Section 4. Intellectual Prope | rty Patents & Copyri | ghts | | | | |
| Do you have any patents, whether plar | nned, pending or issued, bi | roadly relevant to the work? Yes V No | | | | |

Martinie 2



| Section 5. Polationships not sovered above |
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| Disclosure Statement |
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| Dr. Martinie reports personal fees from Intuitive Surgical, outside the submitted work; . |

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Martinie 3



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Baker 1



| Section 1. | dentifying Informa | ation | | |
|--|---|--|--|---|
| 1. Given Name (First N Erin | Name) | 2. Surname (Last Name) Baker | | 3. Date 29-April-2020 |
| 4. Are you the corresp | oonding author? | Yes ✓ No | Corresponding Author's Name Lee Ocuin, MD | |
| 5. Manuscript Title Building up an effec | tive robotic liver surç | gery team: who do we n | eed? | |
| 6. Manuscript Identify LS-2019-RLS-04(LS-1 | ying Number (if you kno 19-102) | ow it) | | |
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| Section 2. Th | ne Work Under Co | nsideration for Publ | ication | |
| any aspect of the subm statistical analysis, etc. | mitted work (including k | but not limited to grants, c | n a third party (government, cor lata monitoring board, study de: | mmercial, private foundation, etc.) for sign, manuscript preparation, |
| Section 3. | elevant financial a | ctivities outside the | submitted work | |
| Place a check in the of compensation) with clicking the "Add +" | appropriate boxes in ith entities as describ | the table to indicate whoed in the instructions. Upon the instructions that we | nether you have financial rela | ationships (regardless of amount dd as many lines as you need by conths prior to publication. |
| Section 4. | tellectual Propert | y Patents & Copyr | ights | |
| | | | | Voc. VN- |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V | | | | |

Baker 2



| Section 5. Relationships not severed above |
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| Dr. Baker has nothing to disclose. |

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lannitti 1



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|--|--|--|
| 1. Given Name (First Name) David | 2. Surname (Last Name) Iannitti | 3. Date 29-April-2020 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Lee Ocuin, MD |
| 5. Manuscript Title Building up an effective robotic liver s | urgery team: who do we ne | ed? |
| 6. Manuscript Identifying Number (if you LS-2019-RLS-04(LS-19-102) | know it) | |
| | | |
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| Intellectual Prop | erty Patents & Copyri | ghts |
| Do you have any patents, whether pla | nned, pending or issued, br | roadly relevant to the work? Yes V No |

lannitti 2



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| Dr. lannitti has n | othing to disclose. | | |

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Ocuin 1



| Section 1. | Identifying Inform | ation | | | |
|---|--|---|--|---|---|
| 1. Given Name (First Lee | Given Name (First Name) e | | Last Name) | | 3. Date 29-April-2020 |
| 4. Are you the corre | sponding author? | ✓ Yes | No | | |
| 5. Manuscript Title Building up an effe | ective robotic liver sur | gery team: w | ho do we need? | | |
| 6. Manuscript Identi | ifying Number (if you kn 5-19-102) | ow it) | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsideratio | n 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 a | activities ou | ıtside the submi | tted work. | |
| Place a check in the of compensation) clicking the "Add + | e appropriate boxes ir with entities as descril | n the table to bed in the ins port relationsh | indicate whether y tructions. Use one | ou have financial re line for each entity; | lationships (regardless of amount add as many lines as you need by months prior to publication. |
| Section 4. | . !! | | | | |
| Section 1. | Intellectual Proper | ty Patents | s & Copyrights | | |
| Do you have any p | oatents, whether planr | ned, pending | or issued, broadly r | elevant to the work | ? |

Ocuin 2



| Section 5. Relationships not severed above |
|--|
| 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? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Ocuin has 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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