

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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

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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)

Yu

2. Surname (Last Name)

Gyoda

3. Date

18-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Akio Saiura

5. Manuscript Title

Narrative review of fluorescence imaging-guided liver surgery

6. Manuscript Identifying Number (if you know it)

LS-2020-CAFILS-02(LS-20-102)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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☒ No

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☐ Yes

☒ No



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Dr. Gyoda has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|--------------------------------|--|
| 1. Given Name (First Name) Yoshihiro | 2. Surname (Last Name) Mise | 3. Date 24-June-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Akio Saiura |
| 5. Manuscript Title Narrative review of fluorescence imaging-guided liver surgery | | |
| 6. Manuscript Identifying Number (if you know it) LS-2020-CAFILS-02(LS-20-102) | | |

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Section 1. Identifying Information

| | | |
|--|------------------------------------|--|
| 1. Given Name (First Name) Muga | 2. Surname (Last Name) Terasawa | 3. Date 24-June-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Akio Saiura |
| 5. Manuscript Title Narrative review of fluorescence imaging-guided liver surgery | | |
| 6. Manuscript Identifying Number (if you know it) LS-2020-CAFILS-02(LS-20-102) | | |

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Dr. Terasawa has nothing to disclose.

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| | | |
|--|----------------------------------|--|
| 1. Given Name (First Name) Hirofumi | 2. Surname (Last Name) Ichida | 3. Date 24-June-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Akio Saiura |
| 5. Manuscript Title Narrative review of fluorescence imaging-guided liver surgery | | |
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| | | |
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| 1. Given Name (First Name) Tomoya | 2. Surname (Last Name) Mizuno | 3. Date 24-June-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Akio Saiura |
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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| | | |
|--|------------------------------------|--|
| 1. Given Name (First Name) Ryuji | 2. Surname (Last Name) Yoshioka | 3. Date 24-June-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Akio Saiura |
| 5. Manuscript Title Narrative review of fluorescence imaging-guided liver surgery | | |
| 6. Manuscript Identifying Number (if you know it) LS-2020-CAFILS-02(LS-20-102) | | |

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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

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| | | |
|--|-----------------------------------|---|
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| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Akio Siura |
| 5. Manuscript Title Narrative review of fluorescence imaging-guided liver surgery | | |
| 6. Manuscript Identifying Number (if you know it) LS-2020-CAFILS-02(LS-20-102) | | |

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 1. Identifying Information

1. Given Name (First Name)

Akio

2. Surname (Last Name)

Saiura

3. Date

24-June-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Narrative review of fluorescence imaging-guided liver surgery

6. Manuscript Identifying Number (if you know it)

LS-2020-CAFILS-02(LS-20-102)

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