

ICMJE DISCLOSURE FORM

Date: June 14, 2023

Your Name: Angela Paz Fernandez

Manuscript Title: Candy Cane Syndrome Related With Weight Loss Failure After Laparoscopic Gastric Bypass: A Case Report

Manuscript number (if known): LS-23-5-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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Date: June 14, 2023

Your Name: Pablo Leon Cabral

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Date: June 14, 2023

Your Name: Bernardo Perez Gonzalez

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Your Name: Mauricio Sierra Salazar

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