

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

lulian

2. Surname (Last Name)

Slavu

3. Date

08-January-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Post-surgical stratification of recurrence predictors for Crohn disease patients

6. Manuscript Identifying Number (if you know it)

MAP-18-258

### 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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Dr. Slavu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Adrian  | 2. Surname (Last Name)<br>Tulin                                     | 3. Date<br>08-January-2021                  |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Slavu Iulian |
| 5. Manuscript Title<br>Post-surgical stratification of recurrence predictors for Crohn disease patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>MAP-18-258   |   |   |

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

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Are there any relevant conflicts of interest?  Yes  No

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

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Dr. Tulin has nothing to disclose.

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### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Lucian  | 2. Surname (Last Name)<br>Alecu                                     | 3. Date<br>08-January-2021                  |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Slavu Iulian |
| 5. Manuscript Title<br>Post-surgical stratification of recurrence predictors for Crohn disease patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>MAP-18-258   |   |   |

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Dr. Alecu has nothing to disclose.

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|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Rodica  | 2. Surname (Last Name)<br>Birla                                     | 3. Date<br>08-January-2021                  |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Slavu Iulian |
| 5. Manuscript Title<br>Post-surgical stratification of recurrence predictors for Crohn disease patients |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>MAP-18-258   |   |   |

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Dr. Birla has nothing to disclose.

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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<br>Slavu Iulian |
| 5. Manuscript Title<br>Post-surgical stratification of recurrence predictors for Crohn disease patients |   |   |
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Dr. Constantinoiu has nothing to disclose.

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