

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Definitions.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Emily

2. Surname (Last Name)
Funk

3. Date
28-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ryan K Orosco

5. Manuscript Title
Robotic Autonomy in Endocrine Surgery

6. Manuscript Identifying Number (if you know it)

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NIDCD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ruth L. Kirschstein National Research Training Award 2T32DC000028-21

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Dr. Funk reports grants from NIH/NIDCD , during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Florian

2. Surname (Last Name) Richter

3. Date 29-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Ryan K Orosco

5. Manuscript Title Robotic Autonomy in Endocrine Surgery

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	equipment

Section 3. Relevant financial activities outside the submitted work.

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Dr. Richter reports non-financial support from Intuitive Surgical, during the conduct of the study; In addition, Dr. Richter has a patent Motion scaling for time delayed robotic surgery pending, and a patent Augmented reality for time delayed telsurgical robotics pending.

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Section 1. Identifying Information

1. Given Name (First Name) Won Seo	2. Surname (Last Name) Park	3. Date 29-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ryan K Orosco
5. Manuscript Title Robotic Autonomy in Endocrine Surgery		
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Dr. Park has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael

2. Surname (Last Name) Yip

3. Date 29-March-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Ryan K Orosco

5. Manuscript Title Robotic Autonomy in Endocrine Surgery

6. Manuscript Identifying Number (if you know it) _____

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	equipment

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1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Orosco

3. Date
28-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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- 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. Orosco reports non-financial support from Intuitive Surgical, during the conduct of the study; In addition, Dr. Orosco has a patent Motion scaling for time delayed robotic surgery pending, and a patent Augmented reality for time delayed telsurgical robotics pending.

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