

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeroen

2. Surname (Last Name)
Hol

3. Date
01-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Morbidity and mortality in elderly patients after minimally invasive esophagectomy

6. Manuscript Identifying Number (if you know it)
AOE-18-46

Section 2. The Work Under Consideration for Publication

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Dr. Hol has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joos

2. Surname (Last Name)

Heisterkamp

3. Date

01-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jeroen C. Hol

5. Manuscript Title

Morbidity and mortality in elderly patients after minimally invasive esophagectomy

6. Manuscript Identifying Number (if you know it)

AOE-18-46

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Dr. Heisterkamp has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ingrid	2. Surname (Last Name) Martijnse	3. Date 01-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeroen C. Hol
5. Manuscript Title Morbidity and mortality in elderly patients after minimally invasive esophagectomy		
6. Manuscript Identifying Number (if you know it) AOE-18-46		

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Robert

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Matthijsen

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01-March-2019

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Yes No

Corresponding Author's Name
Jeroen C. Hol

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Barbara

2. Surname (Last Name)
Langenhoff

3. Date
01-March-2019

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Yes No

Corresponding Author's Name
Jeroen C. Hol

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