

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)
Brian

2. Surname (Last Name)
lp

3. Date
20-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Oesophagectomy with en bloc resection of the thoracic duct: risk factors for post-operative chyle leak and current management

6. Manuscript Identifying Number (if you know it)
AOE-19-40

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Dr. Ip has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ka Ting	2. Surname (Last Name) Ng	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Ip
5. Manuscript Title Oesophagectomy with en bloc resection of the thoracic duct: risk factors for post-operative chyle leak and current management		
6. Manuscript Identifying Number (if you know it) AOE-19-40		

Section 2. The Work Under Consideration for Publication

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Dr. Ng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Simon	2. Surname (Last Name) Packer	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Ip
5. Manuscript Title Oesophagectomy with en bloc resection of the thoracic duct: risk factors for post-operative chyle leak and current management		
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1. Given Name (First Name) Simon	2. Surname (Last Name) Paterson-Brown	3. Date 20-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Ip
5. Manuscript Title Oesophagectomy with en bloc resection of the thoracic duct: risk factors for post-operative chyle leak and current management		
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Graeme

2. Surname (Last Name)
Couper

3. Date
20-August-2019

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Yes No

Corresponding Author's Name
Brian Ip

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