

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)

Jan Willem

2. Surname (Last Name)

van den Berg

3. Date

15-January-2021

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Clinical Keys to Early Leak Diagnosis after Esophagectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. van den Berg 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)
Sylvia

2. Surname (Last Name)
van der Horst

3. Date
01-December-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. J.W. van den Berg

5. Manuscript Title
Clinical Keys to Early Leak Diagnosis after Esophagectomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) van Hillegersberg	3. Date 15-January-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name JW van den Berg
5. Manuscript Title Clinical Keys to Early Leak Diagnosis after Esophagectomy		
6. Manuscript Identifying Number (if you know it) 		

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Inc.	☐	☒	☐	☐	Proctor

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1. Given Name (First Name) Jelle	2. Surname (Last Name) Ruurda	3. Date 15-January-2021
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