

## ICMJE DISCLOSURE FORM

Date: 07/25/2023  
 Your Name: John K. Sadeghi  
 Manuscript Title: Robotic Hiatal Hernia Repair Without Mesh  
 Manuscript number (if known): JTD-23-753

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**Please summarize the above conflict of interest in the following box:**

No conflicts of interest to declare.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 07/25/2023  
 Your Name: Leo Li  
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 Manuscript number (if known): JTD-23-753

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Date: 07/25/2023  
 Your Name: Vijay Singh  
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## ICMJE DISCLOSURE FORM

Date: 07/25/2023  
 Your Name: David Zeltsman  
 Manuscript Title: Robotic Hiatal Hernia Repair Without Mesh  
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## ICMJE DISCLOSURE FORM

Date: 07/25/2023  
 Your Name: Lawrence Glassman  
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Date: 07/25/2023  
 Your Name: Julissa Jurado  
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Date: 07/25/2023  
 Your Name: Kevin Hyman  
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Date: 07/25/2023  
 Your Name: Paul C. Lee  
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