

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Shixu	2. Surname (Last Name) Lyu	3. Date 08-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xuting Zhi
5. Manuscript Title Liver resection of metastases for colorectal cancer, gastric cancer and breast cancer: two hospital experiences		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lyu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lechi	2. Surname (Last Name) Ye	3. Date 08-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xuting Zhi
5. Manuscript Title Liver resection of metastases for colorectal cancer, gastric cancer and breast cancer: two hospital experiences		
6. Manuscript Identifying Number (if you know it)		

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Dr. Ye has nothing to disclose.

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1. Given Name (First Name) Tao	2. Surname (Last Name) Li	3. Date 08-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xuting Zhi
5. Manuscript Title Liver resection of metastases for colorectal cancer, gastric cancer and breast cancer: two hospital experiences		
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Xuting

2. Surname (Last Name)
Zhi

3. Date
08-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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