

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)
Hong

2. Surname (Last Name)
Li

3. Date
06-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Total laparoscopic pancreaticoduodenectomy: a retrospective study of 27 cases treated in a single institution

6. Manuscript Identifying Number (if you know it)

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Jie	2. Surname (Last Name) Zhu	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hong Li
5. Manuscript Title Total laparoscopic pancreaticoduodenectomy: a retrospective study of 27 cases treated in a single institution		
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1. Given Name (First Name) Bin	2. Surname (Last Name) Zhang	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hong Li
5. Manuscript Title Total laparoscopic pancreaticoduodenectomy: a retrospective study of 27 cases treated in a single institution		
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1. Given Name (First Name) Xinhua	2. Surname (Last Name) Zhou	3. Date 06-October-2016
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1. Given Name (First Name) Dansong	2. Surname (Last Name) Yu	3. Date 06-October-2016
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5. Manuscript Title Total laparoscopic pancreaticoduodenectomy: a retrospective study of 27 cases treated in a single institution		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Yu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Baiwen	2. Surname (Last Name) Chen	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hong Li
5. Manuscript Title Total laparoscopic pancreaticoduodenectomy: a retrospective study of 27 cases treated in a single institution		
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dongjian	2. Surname (Last Name) Yin	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hong Li
5. Manuscript Title Total laparoscopic pancreaticoduodenectomy: a retrospective study of 27 cases treated in a single institution		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Yin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Siming	2. Surname (Last Name) Zheng	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hong Li
5. Manuscript Title Total laparoscopic pancreaticoduodenectomy: a retrospective study of 27 cases treated in a single institution		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Haixiang	2. Surname (Last Name) Mao	3. Date 06-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hong Li
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Dr. Mao has nothing to disclose.

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