

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Xinxiang

2. Surname (Last Name)
Li

3. Date
23-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Vessel-centered laparoscopic total mesorectal excision via medial approach

6. Manuscript Identifying Number (if you know it)

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Lei

2. Surname (Last Name)
Liang

3. Date
23-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Xinxiang Li

5. Manuscript Title
Vessel-centered laparoscopic total mesorectal excision via medial approach

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Dr. Liang has nothing to disclose.

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1. Given Name (First Name)
Debing

2. Surname (Last Name)
Shi

3. Date
23-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Xinxiang Li

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Yanlei	2. Surname (Last Name) Ma	3. Date 23-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xinxiang Li
5. Manuscript Title Vessel-centered laparoscopic total mesorectal excision via medial approach		
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