

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Debing	2. Surname (Last Name) Shi	3. Date 28-April-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 Laparoscopic radical treatment with preservation of left colon artery and superior rectal artery for sigmoid colon cancer		
6. Manuscript Identifying Number (if you know it)		

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Dr. Shi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lei

2. Surname (Last Name)
Liang

3. Date
28-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Xinxiang Li

5. Manuscript Title

Laparoscopic radical treatment with preservation of left colon artery and superior rectal artery for sigmoid colon cancer

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Dr. Liang has nothing to disclose.

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Yanlei

2. Surname (Last Name)
Ma

3. Date
28-April-2018

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Yes No

Corresponding Author's Name
Xinxiang Li

5. Manuscript Title

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