

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Jun-Cheng

2. Surname (Last Name)
Wang

3. Date
26-July-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Zhong-Guo Zhou

5. Manuscript Title
Complete laparoscopic right hemihepatectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yao-Jun	2. Surname (Last Name) Zhang	3. Date 26-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhong-Guo Zhou
5. Manuscript Title Complete laparoscopic right hemihepatectomy		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name)

Li

2. Surname (Last Name)

Xu

3. Date

26-July-2018

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Yes No

Corresponding Author's Name

Zhong-Guo Zhou

5. Manuscript Title

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1. Given Name (First Name) Min-Shan	2. Surname (Last Name) Chen	3. Date 26-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhong-Guo Zhou
5. Manuscript Title Complete laparoscopic right hemihepatectomy		
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Zhong-Guo

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Zhou

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