

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)

Bin

2. Surname (Last Name)

Xu

3. Date

31-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Guanyu Wang

5. Manuscript Title

Anterior transhepatic approach for caudate lobectomy

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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Section 6. Disclosure Statement

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Dr. Xu has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Weihua	2. Surname (Last Name) Yu	3. Date 31-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guanyu Wang
5. Manuscript Title Anterior transhepatic approach for caudate lobectomy		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Yu has nothing to disclose.

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1. Given Name (First Name) Shuyou	2. Surname (Last Name) Peng	3. Date 31-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guanyu Wang
5. Manuscript Title Anterior transhepatic approach for caudate lobectomy		
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Guanyu

2. Surname (Last Name)
Wang

3. Date
31-July-2018

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