

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jinfu	2. Surname (Last Name) Zhuang	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianxin Ye
5. Manuscript Title Modified subcutaneous suction drainage to prevent incisional surgical site infections after radical colorectal surgery		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Jiang has nothing to disclose. Dr. Zhuang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Zheng	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianxin Ye
5. Manuscript Title Modified subcutaneous suction drainage to prevent incisional surgical site infections after radical colorectal surgery		
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1. Given Name (First Name) Shugang	2. Surname (Last Name) Yang	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jianxin Ye
5. Manuscript Title Modified subcutaneous suction drainage to prevent incisional surgical site infections after radical colorectal surgery		
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1. Given Name (First Name)
Jianxin

2. Surname (Last Name)
Ye

3. Date
24-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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