

ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Xuehua Zhang

Manuscript Title: Effect of single-incision plus one port laparoscopic surgery assisted with enhanced recovery after surgery on colorectal cancer: Study protocol for a single-arm trial

Manuscript Number (if known): TCR-21-1361

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Gaohua Li

Manuscript Title: Effect of single-incision plus one port laparoscopic surgery assisted with enhanced recovery after surgery on colorectal cancer: Study protocol for a single-arm trial

Manuscript Number (if known): TCR-21-1361

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ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Xiaojing Li

Manuscript Title: Effect of single-incision plus one port laparoscopic surgery assisted with enhanced recovery after surgery on colorectal cancer: Study protocol for a single-arm trial

Manuscript Number (if known): TCR-21-1361

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Manuscript Title: Effect of single-incision plus one port laparoscopic surgery assisted with enhanced recovery after surgery on colorectal cancer: Study protocol for a single-arm trial

Manuscript Number (if known): TCR-21-1361

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Tingyu Mou

Manuscript Title: Effect of single-incision plus one port laparoscopic surgery assisted with enhanced recovery after surgery on colorectal cancer: Study protocol for a single-arm trial

Manuscript Number (if known): TCR-21-1361

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ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Zhenzhao Xu

Manuscript Title: Effect of single-incision plus one port laparoscopic surgery assisted with enhanced recovery after surgery on colorectal cancer: Study protocol for a single-arm trial

Manuscript Number (if known): TCR-21-1361

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Date: 9/20/2021

Your Name: Jie Fu

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Manuscript Number (if known): TCR-21-1361

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Date: 9/20/2021

Your Name: Mingyi Wu

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/20/2021

Your Name: Guoxin Li

Manuscript Title: Effect of single-incision plus one port laparoscopic surgery assisted with enhanced recovery after surgery on colorectal cancer: Study protocol for a single-arm trial

Manuscript Number (if known): TCR-21-1361

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Your Name: Yanan Wang

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Manuscript Number (if known): TCR-21-1361

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