

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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Royalties: Funds are coming in to you or your institution due to your patent

Chapman 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Brandon	2. Surname (Last Name) Chapman	3. Date 25-November-2015
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Barish H. Edil
5. Manuscript Title Open and minimally invasive pancreati	c surgery—a review of the	eliterature
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
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 Vo		
Section 3. Relevant financial	activities outside the	submitted work.
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Are there any relevant conflicts of interest	est? ☐ Yes ✓ No	
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Chapman 2



Section 5.		
Section 5.	Relationships not covered above	
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?	
Yes, the following relationships/conditions/circumstances are present (explain below):		
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Section 6.	Disclosure Statement	
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Chapman ha	s nothing to disclose.	

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Chapman 3



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DeSanto 1



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Kristen	2. Surname (Last Name) DeSanto	3. Date 25-November-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Barish H. Edil
5. Manuscript Title Open and minimally invasive pancrea	atic surgery—a review of the	literature
6. Manuscript Identifying Number (if you	know it)	
Section 2. The Work Under	Consideration for Public	cation
	ing but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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Section 3. Relevant financia	al activities outside the :	submitted work.
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Do you have any patents, whether pla	anned, pending or issued, br	roadly relevant to the work? Yes V No

DeSanto 2



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Dr. DeSanto has nothing to disclose.

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Salman 1



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1. Given Name (Fii Bulent	rst Name)	2. Surname (Last Name) Salman	3. Date 25-November-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Barish H. Edil
5. Manuscript Title Open and minim		c surgery—a review of the	literature
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			-
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Edil 1



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Edil 2



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