

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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2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Partha

2. Surname (Last Name)
Pal

3. Date
08-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rupa Banerjee

5. Manuscript Title
"Electronic chromo-endoscopy: Technical details and a clinical perspective"

6. Manuscript Identifying Number (if you know it)
TGH-19-373

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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Dr. Pal 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) Aniruddha Pratap	2. Surname (Last Name) Singh	3. Date 08-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rupa Banerjee
5. Manuscript Title Electronic chromo-endoscopy: Technical details and a clinical perspective		
6. Manuscript Identifying Number (if you know it) TGH-19-373		

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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Dr. Singh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Navya D

2. Surname (Last Name)
Kanuri

3. Date
08-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rupa Banerjee

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Rupa

2. Surname (Last Name)
Banerjee

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08-April-2020

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