

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ruth Ellen	2. Surname (Last Name) Jones	3. Date 09-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph T. Murphy, MD
5. Manuscript Title A Retrospective Analysis of Pancreas Operations in Children		
6. Manuscript Identifying Number (if you know it) TGH-2020-PGS-19(TGH-20-260)		

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Dr. Jones has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jessica Aya	2. Surname (Last Name) Zagory	3. Date 09-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph T. Murphy, MD
5. Manuscript Title A Retrospective Analysis of Pancreas Operations in Children		
6. Manuscript Identifying Number (if you know it) TGH-2020-PGS-19(TGH-20-260)		

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1. Given Name (First Name)

Micah

2. Surname (Last Name)

Tatum

3. Date

09-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Joseph T. Murphy, MD

5. Manuscript Title

A Retrospective Analysis of Pancreas Operations in Children

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TGH-2020-PGS-19(TGH-20-260)

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Wei Shan

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Tsui

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Corresponding Author's Name

Joseph T. Murphy, MD

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Murphy

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09-June-2020

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