

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Eduardo		2. Surname (Last Name) Perez	3. Date 22-October-2020			
4. Are you the corr	responding author?	✓ Yes No				
5. Manuscript Title Pediatric Surgica	e I Care: Have we done e	nough?				
6. Manuscript Ider TGH-2020-PGS-2	ntifying Number (if you kn 0	ow it)				
Section 2.	The Work Under Co	onsideration 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 V No						
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Section 4.	Intellectual Proper	ty Patents & Copyrights				

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No



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Section 6. Disclosure Statement

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Dr. Perez has nothing to disclose.

Evaluation and Feedback

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Section 1.	Identifying Inform	nation					
1. Given Name (First Name) Samir		2. Surname (Last Name) Pandya		3. Date 24-October-2020			
4. Are you the corr	responding author?	✓ Yes No					
5. Manuscript Title Pediatric Surgica	e I Care: Have we done e	nough?					
6. Manuscript Ider TGH-2020-PGS-2	ntifying Number (if you kr 0	now it)					
	l						
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Consultant for robotic surgery company named Transenterix from April 2019 to April 2020.

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Dr. Pandya is a consultant for robotic surgery company named Transenterix from April 2019 to April 2020.

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Clifton	3. Date 15-September-2020
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Titl Pediatric Surgica	^e al Care: Have we don	e enough?	
6. Manuscript Ide TGH-2020-PGS-2	ntifying Number (if you 20	know it)	

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Are there any relevant conflicts of interest? \checkmark	Yes	No
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Bolder Surgical, LLC				\checkmark	I am a member of the Physician Advisory Board for development of Iaparoscopic devices, and am sometimes paid a consulting fee. None of the products are discussed in this manuscript.	



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Dr. Clifton reports other from Bolder Surgical, LLC, outside the submitted work; .

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