

ICMJE DISCLOSURE FORM

Date: 13/10/2023

Your Name: Anurag Singh

Manuscript Title: Laparoscopic versus robotic cholecystectomy: a meta-analysis to differentiate between postoperative outcomes and cost-effectiveness

Manuscript number (if known): TGH-23-56

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__ X __ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ X __ None	
3	Royalties or licenses	__ X __ None	
4	Consulting fees	__ X __ None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input checked="" type="checkbox"/> None	

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None

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

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Date: 13/10/2023

Your Name: Mandeep Kaur

Manuscript Title: Laparoscopic versus robotic cholecystectomy: a meta-analysis to differentiate between postoperative outcomes and cost-effectiveness

Manuscript number (if known): TGH-23-56

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Date: 13/10/2023

Your Name: Christie Swaminathan

Manuscript Title: Laparoscopic versus robotic cholecystectomy: a meta-analysis to differentiate between postoperative outcomes and cost-effectiveness

Manuscript number (if known): TGH-23-56

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Date: 13/10/2023

Your Name: Jayas Siby

Manuscript Title: Laparoscopic versus robotic cholecystectomy: a meta-analysis to differentiate between postoperative outcomes and cost-effectiveness

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Date: 13/10/2023

Your Name: Krishna K Singh

Manuscript Title: Laparoscopic versus robotic cholecystectomy: a meta-analysis to differentiate between postoperative outcomes and cost-effectiveness

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Date: 13/10/2023

Your Name: Muhammad S Sajid

Manuscript Title: Laparoscopic versus robotic cholecystectomy: a meta-analysis to differentiate between postoperative outcomes and cost-effectiveness

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