

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) Steven	2. Surname (Last Name) Tamesis	3. Date 20-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Omar Awais
5. Manuscript Title Laparoscopic approaches to failed fundoplication for reflux		
6. Manuscript Identifying Number (if you know it)		

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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Section 6. Disclosure Statement

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Dr. Tamesis has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Tadeusz	2. Surname (Last Name) Witek	3. Date 20-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Omar Awais
5. Manuscript Title Laparoscopic approaches to failed fundoplication for reflux		
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Dr. Witek has nothing to disclose.

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1. Given Name (First Name) James	2. Surname (Last Name) Luketich	3. Date 20-January-2020
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5. Manuscript Title Laparoscopic approaches to failed fundoplication for reflux		
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Section 1. Identifying Information

1. Given Name (First Name)
Omar

2. Surname (Last Name)
Awais

3. Date
20-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laparoscopic Approaches to Failed Fundoplication for Reflux

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