

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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Section 1. Identifying Information

1. Given Name (First Name) Dingpei	2. Surname (Last Name) Han	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic-assisted McKeown esophagectomy		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Han has nothing to disclose.

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1. Given Name (First Name) Su	2. Surname (Last Name) Yang	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic-assisted McKeown esophagectomy		
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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wei	2. Surname (Last Name) Guo	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic-assisted McKeown esophagectomy		
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Dr. Guo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Runsen Jin

2. Surname (Last Name)

Jin

3. Date

22-December-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hecheng Li

5. Manuscript Title

Robotic-assisted McKeown esophagectomy

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Yajie	2. Surname (Last Name) Zhang	3. Date 22-December-2016
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1. Given Name (First Name) Xingshi	2. Surname (Last Name) Chen	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic-assisted McKeown esophagectomy		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Chen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Han	2. Surname (Last Name) Wu	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic-assisted McKeown esophagectomy		
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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hailei	2. Surname (Last Name) Du	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
5. Manuscript Title Robotic-assisted McKeown esophagectomy		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Du has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kai

2. Surname (Last Name)

Chen

3. Date

22-December-2016

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hecheng Li

5. Manuscript Title

Robotic-assisted McKeown esophagectomy

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jie	2. Surname (Last Name) Xiang	3. Date 22-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hecheng Li
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hecheng

2. Surname (Last Name)
Li

3. Date
22-December-2016

4. Are you the corresponding author? Yes No

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