

ICMJE DISCLOSURE FORM

Date: 2023.06.06

Your Name: Alexis DEFFAIN

Manuscript Title: Case report of Obstructive Jaundice after Single Anastomosis Duodeno-ileal bypass (SADI), a rare complication

Manuscript number (if known): _____

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.

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Date: 2023.06.06

Your Name: Michel Philie

Manuscript Title: Case report of Obstructive Jaundice after Single Anastomosis Duodeno-ileal bypass (SADI), a rare complication

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Date: 2023.06.06

Your Name: Samah Melebari

Manuscript Title: Case report of Obstructive Jaundice after Single Anastomosis Duodeno-ileal bypass (SADI), a rare complication

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Date: 2023.06.06

Your Name: Wael Dimassi

Manuscript Title: Case report of Obstructive Jaundice after Single Anastomosis Duodeno-ileal bypass (SADI), a rare complication

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Date: 2023.06.06

Your Name: Pierre Y. Garneau

Manuscript Title: Case report of Obstructive Jaundice after Single Anastomosis Duodeno-ileal bypass (SADI), a rare complication

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Date: 2023.06.06

Your Name: Ronald Denis

Manuscript Title: Case report of Obstructive Jaundice after Single Anastomosis Duodeno-ileal bypass (SADI), a rare complication

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Date: 2023.06.06

Your Name: Anne-Sophie Studer

Manuscript Title: Case report of Obstructive Jaundice after Single Anastomosis Duodeno-ileal bypass (SADI), a rare complication

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| 8 | Patents planned, issued or pending | <u> </u> None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| | | | |
| | | | |
| 11 | Stock or stock options | <u> </u> None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <u> </u> None | |
| | | | |
| | | | |

Please summarize the above conflict of interest in the following box:

Please place an “X” next to the following statement to indicate your agreement:

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