

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Thaís Regina Moreira

2. Surname (Last Name)

Printes

3. Date

18-May-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.

6. Manuscript Identifying Number (if you know it)

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Dr. Printes 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)

Írian Evelyn Cordeiro

2. Surname (Last Name)

Rabelo

3. Date

18-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Thaís Regina Moreira Printes

5. Manuscript Title

LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.

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Dr. Rabelo has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Julia Fialho

2. Surname (Last Name)

Cauduro

3. Date

18-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Thaís Regina Moreira Printes

5. Manuscript Title

LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.

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Dr. Cauduro 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)

Estevan Criales

2. Surname (Last Name)

Lopez

3. Date

18-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Thaís Regina Moreira Printes

5. Manuscript Title

LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christian Fernando Viana dos	2. Surname (Last Name) Santos	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tháís Regina Moreira Printes
5. Manuscript Title LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Santos has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tigran Francis Chehuan

2. Surname (Last Name)

Melo

3. Date

18-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Thaís Regina Moreira Printes

5. Manuscript Title

LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration 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.)?

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hafiza Gonçalves Alexandrino	2. Surname (Last Name) Regino	3. Date 18-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thaís Regina Moreira Printes
5. Manuscript Title LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.		
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### Section 1. Identifying Information

1. Given Name (First Name)  
Adriano Augusto Pereira

2. Surname (Last Name)  
Machado

3. Date  
18-May-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Thaís Regina Moreira Printes

5. Manuscript Title  
LEFT-SIDED GALLBLADDER (LSG) ASSOCIATED WITH TRUE DIVERTICULUM, A CASE REPORT.

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