Date: 11 th of May, 2023.
Your Name: Mohammed Isa
Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history
Manuscript number (if known): ACR-23-62

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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		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)
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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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
	None		

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

Date: 05/05/2023

Your Name: Aqeela Abdulla Khalil Ebrahim Isa

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y

Gastric bypass with multiple surgical history.

Manuscript number (if known): ACR-23-62

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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_X_None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
10	Advisory Board	V Name	
10	Leadership or fiduciary role in other board, society,	_X_None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	_X_None	
	writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		

None			

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.

Agenta

Date: 16/05/2023

Your Name: Awadh Saleh Hamad Alyami.

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric

bypass with multiple surgical history.

Manuscript number (if known): ACR-23-62

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	No time limit for this item.		
		Time for an area	26
-		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	X None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_X_None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board	Y	
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	<u></u>	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
- 1			

lectures, presentations,

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

ate: 16-05-2-23
our Name: Mayyasa Osama Alali
lanuscript Title: Ath Laprotomy for Consulant Snorme at the Teturopeurostomy after a lanuscript number (if known): Scand Paux y gastic Bypass with multiple surgical historic
lanuscript number (if known): 500000 Pour y gastic Bypass with multiple surgical MSF our
ACR - 23-62

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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.	None	
15%	15-16-16-16-16-16-16-16-16-16-16-16-16-16-	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

		-1.	
5	Payment or honoraria for	None	
	lectures, presentations,	/	
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert	X_None	
	testimony		
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7	Support for attending	None	
	meetings and/or travel		
		and the same factors and	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	,	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	_	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	V None	
13	financial interests	* None	
	maneral merests		

None		

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

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

Date:	5/202	23						
Your Name:	Moham	ed Rapof	AlAlaw					
Manuscript Title:	Mini	lapostomy	for Cor	ndy Cone Sy	adrome	at the	ie juno jeuno	5-DMO
Manuscript numb			and Roux i	(392 THE BY	ass with	multipur	SAGGET M	story
	•	ACR.	-23-6	7				

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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	
4	Consulting fees	X_None	

		1.0	
5	Payment or honoraria for	X_None	
	lectures, presentations,	Planting of the later	
STILL ST	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_X_None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	All and the state of the state of	
-			ACCOMMISSION OF STATE
8	Patents planned, issued or	X_None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10		Y None	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√ None	
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12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	V None	ACT IN THE RESIDENCE OF THE PARTY OF THE PAR
13	financial interests	1	
	interior interior		

None				

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

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

Date: 11 th of May, 2023.
Your Name: Motasem Muwaffaq Abdulrahman Hamdan Salih
Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric bypass with multiple surgical history
Manuscript number (if known): ACR-23-62

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		Time frame: past	36 months
2	Grants or contracts from	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

None			

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

AA

Date: 16/05/2023

Your Name: Abdullah Mohammed Aseri.

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric

bypass with multiple surgical history.

Manuscript number (if known): ACR-23-62

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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	X None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
		V	
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Ple	None	onflict of interest in the fo	lowing box:

lectures, presentations,

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

Date: 21/05/2023

Your Name: Khalid Mohammed A Alghuthayr.

Manuscript Title: Mini laparotomy for candy cane syndrome at the jejunojejunostomy after a second Roux Y Gastric

bypass with multiple surgical history.

Manuscript number (if known): ACR-23-62

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3	Royalties or licenses	X None	
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4	Consulting fees	_X_None	
5	Payment or honoraria for	X None	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_X_None	
	testimony		
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7	Support for attending	_X_None	
	meetings and/or travel		
	_		
8	Patents planned, issued or	X None	
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9	Participation on a Data	_X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	_X_None	
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	writing, gifts or other		
	services		
13	Other financial or non-	_X_None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		
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