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)  
   Kelsey

2. Surname (Last Name)  
   Musgrove

3. Date  
   09-May-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Ghulam Abbas, MD, MHCM, FACS

5. Manuscript Title  
   Robotic Assisted Minimally Invasive Esophagectomy: Ivor–Lewis Approach

6. Manuscript Identifying Number (if you know it)

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---

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---

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

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Section 6. Disclosure Statement

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Dr. Musgrove has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Charlotte

2. Surname (Last Name)  
   Spear

3. Date  
   09-May-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No

Corresponding Author’s Name  
Ghulam Abbas, MD, MHCM, FACS

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Spear has nothing to disclose.

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Kakuturu
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jahnavi

2. **Surname (Last Name)**
   - Kakuturu

3. **Date**
   - 09-May-2020

4. **Are you the corresponding author?**
   - Yes
   - No

**Corresponding Author’s Name**
- Ghulam Abbas, MD, MHCM, FACS

5. **Manuscript Title**
   - Robotic Assisted Minimally Invasive Esophagectomy: Ivor-Lewis Approach

6. **Manuscript Identifying Number (if you know it)**

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- No

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Are there any relevant conflicts of interest?  
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- No

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- No
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Dr. Kakuturu 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)**  
   Britney

2. **Surname (Last Name)**  
   Harris

3. **Date**  
   09-May-2020

4. **Are you the corresponding author?**  
   [ ] Yes  
   [x] No  
   **Corresponding Author’s Name**  
   Ghulam Abbas, MD, MHCM, FACS

5. **Manuscript Title**  
   Robotic Assisted Minimally Invasive Esophagectomy: Ivor-Lewis Approach

6. **Manuscript Identifying Number (if you know it)**

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[ ] No

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Section 1. Identifying Information

1. Given Name (First Name)  
Fazil

2. Surname (Last Name)  
Abbas

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09-May-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
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Dr. Abbas has nothing to disclose.

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1. Given Name (First Name)       2. Surname (Last Name)       3. Date
   Jad                              AbdelSattar                 09-May-2020

4. Are you the corresponding author?   □ Yes   ✓ No
   Corresponding Author’s Name
   Ghulam Abbas, MD, MHCM, FACS

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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

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?   □ Yes   ✓ No
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Section 6. Disclosure Statement

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Dr. Abdelsattar has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.
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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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally (but not always) paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Ghulam
2. Surname (Last Name)  Abbas
3. Date  09-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Robotic Assisted Minimally Invasive Esophagectomy: Ivor-Lewis Approach

6. Manuscript Identifying Number (if you know it)

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Dr. Abbas has nothing to disclose.

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