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) Deven
2. Surname (Last Name) Patel
3. Date 18-April-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Harmik Soukiasian, MD

5. Manuscript Title
Robotic-assisted Ivor Lewis esophagectomy with combined stapled/sewn anastomosis

6. Manuscript Identifying Number (if you know it)
JOVS-2019-ATED-04

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Dr. Patel 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) Evangeline
2. Surname (Last Name) Rodriguez
3. Date 18-April-2020
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Harmik Soukiasian, MD
5. Manuscript Title Robotic-assisted Ivor Lewis esophagectomy with combined stapled/sewn anastomosis
6. Manuscript Identifying Number (if you know it) JOVS-2019-ATED-04

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Espinoza-Mercardo
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Fernando</td>
<td>Espinoza-Mercardo</td>
<td>18-April-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Harmik Soukiasian, MD

5. Manuscript Title  
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Dr. Espinoza-Mercado has nothing to disclose.

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1. Given Name (First Name)  
   Taryne

2. Surname (Last Name)  
   Imai

3. Date  
   18-April-2020

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   ![No]

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   Harmik Soukiasian, MD

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1. Given Name (First Name)  Harmik
2. Surname (Last Name)  Soukiasian
3. Date  18-April-2020
4. Are you the corresponding author?  ✔ Yes  No
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