ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Peyser

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   Yes ☑ No

      Corresponding Author’s Name  
      Dr. Patricia Sylla

5. Manuscript Title  
   Training and accreditation in transanal total mesorectal excision in the United States

6. Manuscript Identifying Number (if you know it)  
   ALES-2019-TaTME-04(ALES-20-12)

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.)?  
Are there any relevant conflicts of interest?  
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Dr. Peyser has nothing to disclose.

Evaluation and Feedback

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**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)  Eliza
2. Surname (Last Name)  Hersh
3. Date  20-April-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Patricia Sylla, MD
5. Manuscript Title  Training and accreditation in transanal total mesorectal excision in the United States
6. Manuscript Identifying Number (if you know it)  ALES-2019-TaTME-04(ALES-20-12)

Section 2. The Work Under Consideration for Publication

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Dr. Hersh has nothing to disclose.

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1. Given Name (First Name)  Patricia
2. Surname (Last Name) Sylla
3. Date 20-April-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Training and accreditation in transanal total mesorectal excision in the United States

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