ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Kushner</td>
</tr>
<tr>
<td>3. Date</td>
<td>16-April-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>✔ Yes ✗ No</td>
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<td>5. Manuscript Title</td>
<td>Approaches to anti-reflux surgery: laparoscopic, robotic, and endoscopic</td>
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Are there any relevant conflicts of interest?  

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Dr. Kushner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Gerull

3. Date  
   16-April-2020

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

   Corresponding Author’s Name  
   Bradley Kushner

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   Approaches to Anti-reflux Surgery: Laparoscopic, Robotic, and Endoscopic

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   Eileen
2. Surname (Last Name)  
   Smith
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   Michael

2. Surname (Last Name)  
   Awad

3. Date  
   16-April-2020

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   ✔ No

   Corresponding Author’s Name  
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<th>Name of Entity</th>
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Dr. Awad reports grants from Applied Medical, grants from Baxter, grants from Bard/BD, grants from Boston Scientific, grants from Ethicon, grants and personal fees from Intuitive, grants from Medtronic, outside the submitted work; .

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