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)  
   Luis

2. Surname (Last Name)  
   Serrano

3. Date  
   16-April-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Vic Velanovich

5. Manuscript Title  
   After the Hiatal Hernia Repair: Fundoplication, yes or no? Partial or complete?

6. Manuscript Identifying Number (if you know it)  
   ALES-2019-HH-01(ALES-19-230)

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Section 6. Disclosure Statement
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Dr. Serrano has nothing to disclose.

Evaluation and Feedback
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Section 1. Identifying Information

1. Given Name (First Name)  
Adham

2. Surname (Last Name)  
Saad

3. Date  
16-April-2020

4. Are you the corresponding author?  
☑ Yes  ○ No

5. Manuscript Title  
After the Hiatal Hernia Repair: Fundoplication, yes or no? Partial or complete?

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ALES-2019-HH-01(ALES-19-230)

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Dr. Saad has nothing to disclose.

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1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
DuCoin

3. Date  
16-April-2020

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

Corresponding Author’s Name  
Dr. Vic Velanovich

5. Manuscript Title  
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1. Given Name (First Name)  
   Vic

2. Surname (Last Name)  
   Velanovich

3. Date  
   16-April-2020

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   ✔ Yes  
   No

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