

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.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Rory

2. Surname (Last Name)

Carroll

3. Date

10-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Peter Nau

5. Manuscript Title

Laparoscopic Roux-En-Y Gastric Bypass for the management of hiatal hernia and failed fundoplication in patients with obesity

6. Manuscript Identifying Number (if you know it)

ALES-20-75

Section 2.

The Work Under Consideration for Publication

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Dr. Carroll has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fermin	2. Surname (Last Name) Fontan	3. Date 11-May-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Peter Nau
5. Manuscript Title Laparoscopic Roux-en-Y Gastric Bypass for the management of hiatal hernia and failed fundoplication in patients with obesity		
6. Manuscript Identifying Number (if you know it) ALES-20-75		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Fontan has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Ryan

2. Surname (Last Name)

Lehmann

3. Date

11-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Peter Nau

5. Manuscript Title

Laparoscopic Roux-en-Y Gastric Bypass for the management of hiatal hernia and failed fundoplication in patients with obesity

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ALES-20-75

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Section 1. Identifying Information

1. Given Name (First Name)

Jessica

2. Surname (Last Name)

Smith

3. Date

11-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Peter Nau

5. Manuscript Title

Laparoscopic Roux-en-Y Gastric Bypass for the management of hiatal hernia and failed fundoplication in patients with obesity

6. Manuscript Identifying Number (if you know it)

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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Nau

3. Date
11-May-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Laparoscopic Roux-en-Y Gastric Bypass for the management of hiatal hernia and failed fundoplication in patients with obesity

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