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.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

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Royalties: Funds are coming in to you or your institution due to your patent

Commins
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Isabella

2. **Surname (Last Name)**  
   Commins

3. **Date**  
   22-April-2020

4. **Are you the corresponding author?**  
   ☑ No

5. **Manuscript Title**  
   Advanced Applications of transanal total mesorectal excision (taTME)- Beyond taTME planes (A cohort study)

6. **Manuscript Identifying Number (if you know it)**  
   ALES-2019-TaTME-10

## 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?  

<table>
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## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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Dr. Commins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jacob
2. Surname (Last Name)  McCormick
3. Date  22-April-2020
4. Are you the corresponding author?  [ ] Yes  ✔ No
   Corresponding Author's Name  Satish Warrier
5. Manuscript Title
   Advanced Applications of transanal total mesorectal excision (taTME)- Beyond taTME planes (A cohort study)
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**Section 6. Disclosure Statement**

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Dr. McCormick has nothing to disclose.

**Evaluation and Feedback**

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>Phil</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Smart</td>
</tr>
<tr>
<td>3. Date</td>
<td>22-April-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>☐ Yes ☑ No</td>
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<tr>
<td></td>
<td>Corresponding Author's Name</td>
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<td>Satish Warrier</td>
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| 5. Manuscript Title     | Advanced Applications of transanal total mesorectal excision (taTME)- Beyond taTME planes (A cohort study) |
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Satish Warrier
22-April-2020
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No

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