

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
BULENT

2. Surname (Last Name)
GURBUZ

3. Date
19-March-2020

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

5. Manuscript Title
TOTALLY ROBOTIC VERSUS TOTALLY LAPAROSCOPIC SURGERY FOR RECTAL CANCER

6. Manuscript Identifying Number (if you know it)
ALES-20-39

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Dr. GURBUZ has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

SERKAN

2. Surname (Last Name)

ZENGER

3. Date

19-March-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

BULENT GURBUZ

5. Manuscript Title

TOTALLY ROBOTIC VERSUS TOTALLY LAPAROSCOPIC SURGERY FOR RECTAL CANCER

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1. Given Name (First Name)

EMRE

2. Surname (Last Name)

OZORAN

3. Date

19-March-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

BULENT GURBUZ

5. Manuscript Title

TOTALLY ROBOTIC VERSUS TOTALLY LAPAROSCOPIC SURGERY FOR RECTAL CANCER

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CMRC

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BALIK

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19-March-2020

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BULENT GURBUZ

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