ICMJE DISCLOSURE FORM

Date:	19.04.2021
	Thomas Galetin
Manuscript Title: INF	ENCE OF GAS TYPE, PRESSURE, AND TEMPERATURE IN LAPAROSCOPY – A SYSTEMATIC REVIEW
Manuscript number (known):
In the interest of tran	parency, we ask you to disclose all relationships/activities/interests listed below that are
	of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
 	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	Costillotty		
7	Support for attending meetings and/or travel	_XNone	
	- -		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	V None	
9	Safety Monitoring Board or	_XNone	
	Advisory Board	<u></u>	
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
	Stock or stock options	_XNone	
11			
11			
11	Receipt of equipment,	_XNone	
	Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	_XNone	following box:
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	_XNone	following box:
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	_XNone	following box:

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_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Thomas Galetin

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Your Name:	Amelie Galetin
Manuscript Title: INFLUENCE	OF GAS TYPE, PRESSURE, AND TEMPERATURE IN LAPAROSCOPY – A SYSTEMATIC REVIEW
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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royafties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,	·	
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
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7	Support for attending meetings and/or travel	_XNone	
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8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
_	Safety Monitoring Board or		
	Advisory Board	····	
10	-	V None	
10	Leadership or fiduciary role	_XNone	
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11	Stock or stock options	_XNone	
		<u> </u>	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services	•	
13	Other financial or non-	X None	
. 23	financial interests		
	intancial interests		
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Ple	ease summarize the above of	onflict of interest in the	following box:
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