ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Michael  

2. Surname (Last Name)  
Johnston  

3. Date  
28-June-2020  

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

Corresponding Author’s Name  
Sameer Patel  

5. Manuscript Title  
Surgical Management of Primary Pancreatic Neuroendocrine Tumors  

6. Manuscript Identifying Number (if you know it)  
JGO-2019-PNT-03  

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Dr. Johnston has nothing to disclose.

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<tr>
<td>Michela</td>
<td>Carter</td>
<td>28-June-2020</td>
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4. Are you the corresponding author? [ ] Yes [X] No

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<tr>
<td>Sameer Patel</td>
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Dr. Carter has nothing to disclose.

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<tr>
<td>Gregory</td>
<td>Wilson</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Sameer Patel

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<tr>
<td>Syed</td>
<td>Ahmad</td>
<td>19-March-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No

5. Manuscript Title

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2. Surname (Last Name)  
   Patel

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