

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
THEODOROS

2. Surname (Last Name)
TOSOUNIDIS

3. Date
11-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Iliioinguinal Approach: State of the Art

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. TOSOUNIDIS has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nikolaos	2. Surname (Last Name) Kanakaris	3. Date 30-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The Ilioinguinal Approach: State of the Art _____		
6. Manuscript Identifying Number (if you know it) ST-D-16-00101R1 _____		

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. Kanakaris has nothing to disclose.

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1. Given Name (First Name) Peter	2. Surname (Last Name) Giannoudis	3. Date 30-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The Ilioinguinal Approach: State of the Art _____		
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