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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Rene
2. Surname (Last Name)  Aleman
3. Date  29-September-2020
4. Are you the corresponding author?  No
5. Manuscript Title  De Novo GERD Esophageal Surgery in Bariatrics: A Literature Review and Analysis of the Current Treatment Options
6. Manuscript Identifying Number (if you know it)

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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.)?  No
Are there any relevant conflicts of interest?  No

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Section 6. Disclosure Statement
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Dr. Aleman has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Emanuele                  | Lo Menzo               | 29-September-2020 |

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name

Raul J. Rosenthal

5. Manuscript Title

De Novo GERD Esophageal Surgery in Bariatrics: A Literature Review and Analysis of the Current Treatment Options

6. Manuscript Identifying Number (if you know it)

### 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.)?

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Dr. Lo Menzo has nothing to disclose.

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1. Given Name (First Name)  
   Samuel  
2. Surname (Last Name)  
   Szomstein  
3. Date  
   29-September-2020  
4. Are you the corresponding author?  
   Yes  ✔  No  
   Corresponding Author’s Name  
   Raul J. Rosenthal  
5. Manuscript Title  
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Dr. Szomstein has nothing to disclose.

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   Raul

2. Surname (Last Name)  
   Rosenthal

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