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) Yong
2. Surname (Last Name) Yi
3. Date 21-July-2020
4. Are you the corresponding author? ☑ Yes    ☐ No
5. Manuscript Title
   Laparoscopic versus open left hemihepatectomy for hepatocellular carcinoma: A propensity score matching analysis
6. Manuscript Identifying Number (if you know it)
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Dr. Yi has nothing to disclose.

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<td>2. Surname (Last Name)</td>
<td>Weng</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name: Ning Ren

5. Manuscript Title
Laparoscopic versus open left hemihepatectomy for hepatocellular carcinoma: A propensity score matching analysis

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Dr. Weng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Chenhao

2. Surname (Last Name)  
Zhou

3. Date  
21-July-2020

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☐ Yes  ✔ No

Corresponding Author's Name  
Ning Ren

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Dr. Zhou has nothing to disclose.

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Identifying Information

1. Given Name (First Name)  
   Gao

2. Surname (Last Name)  
   Liu

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Dr. Ren has nothing to disclose.

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