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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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<td>Lwin</td>
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<td>3. Date</td>
<td>12-March-2020</td>
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<td>4. Are you the corresponding author?</td>
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**Corresponding Author’s Name**  
Michael Bouvet

**5. Manuscript Title**  
Fluorescence-guided hepatobiliary surgery with long and short wavelength fluorophores

**6. Manuscript Identifying Number (if you know it)**  
HBSN-19-283

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

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  
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Dr. Lwin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Hoffman
3. Date  12-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Michael Bouvet

5. Manuscript Title
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Dr. Hoffman has nothing to disclose.

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<tr>
<td>2. Surname (Last Name)</td>
<td>Bouvet</td>
</tr>
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