ICMJE Form for Disclosure of Potential Conflicts of Interest

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)  
   Quirino

2. Surname (Last Name)  
   Lai

3. Date  
   07-May-2020

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

5. Manuscript Title  
   UNCOMMON INDICATIONS FOR ASSOCIATING LIVER PARTITION AND PORTAL VEIN LIGATION FOR STAGED HEPATECTOMY: A SYSTEMATIC REVIEW

6. Manuscript Identifying Number (if you know it)  
   HBSN-20-355

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

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Section 6. Disclosure Statement

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Dr. Lai 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)  
   Gianluca

2. Surname (Last Name)  
   Mennini

3. Date  
   07-May-2020

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

   Corresponding Author's Name  
   Quirino Lai

5. Manuscript Title  
   UNCOMMON INDICATIONS FOR ASSOCIATING LIVER PARTITION AND PORTAL VEIN LIGATION FOR STAGED HEPATECTOMY: A SYSTEMATIC REVIEW

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Dr. Mennini has nothing to disclose.

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Larghi Laureiro
## Section 1. Identifying Information

1. Given Name (First Name) | Zoe  
2. Surname (Last Name) | Larghi Laureiro  
3. Date | 07-May-2020  
4. Are you the corresponding author? | Yes ✔ No  
5. Manuscript Title | UNCOMMON INDICATIONS FOR ASSOCIATING LIVER PARTITION AND PORTAL VEIN LIGATION FOR STAGED HEPATECTOMY: A SYSTEMATIC REVIEW  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes ✔ No

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Larghi Laureiro
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| 1. Given Name (First Name) | Massimo |
| 2. Surname (Last Name) | Rossi |
| 3. Date | 07-May-2020 |
| 4. Are you the corresponding author? | Yes |

**Corresponding Author's Name**

Quirino Lai

**Manuscript Title**

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