

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name SHIVANAND 2. Surname GAMANAGATTI  
3. Are you the corresponding author? Yes ☒ No ☐  
4. Effective Date \_\_\_\_\_  
5. Manuscript Title Imaging and Interventions in Hilar Cholangiocarcinoma

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

☒ No ☐ Yes, money paid to you ☐ Yes, money paid to institution\* Name of entity \_\_\_\_\_ Comments† \_\_\_\_\_

### 2. Consulting fee or honorarium

☒ No ☐ Yes, money paid to you ☐ Yes, money paid to institution\* Name of entity \_\_\_\_\_ Comments† \_\_\_\_\_

### 3. Support for travel to meetings for the study or other purposes

☒ No ☐ Yes, money paid to you ☐ Yes, money paid to institution\* Name of entity \_\_\_\_\_ Comments† \_\_\_\_\_

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

☒ No ☐ Yes, money paid to you ☐ Yes, money paid to institution\* Name of entity \_\_\_\_\_ Comments† \_\_\_\_\_

### 5. Payment for writing or reviewing the manuscript

☒ No ☐ Yes, money paid to you ☐ Yes, money paid to institution\* Name of entity \_\_\_\_\_ Comments† \_\_\_\_\_

### 6. Provision of writing assistance, medicines, equipment, or administrative support

☒ No ☐ Yes, money paid to you ☐ Yes, money paid to institution\* Name of entity \_\_\_\_\_ Comments† \_\_\_\_\_

### 7. Other

☒ No ☐ Yes, money paid to you ☐ Yes, money paid to institution\* Name of entity \_\_\_\_\_ Comments† \_\_\_\_\_

\* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

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

#### 1. Board membership

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 2. Consultancy

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 3. Employment

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 4. Expert testimony

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 5. Grants/grants pending

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 6. Payment for lectures including service on speakers bureaus

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 7. Payment for manuscript preparation

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 8. Patents (planned, pending or issued)

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 9. Royalties

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 10. Payment for development of educational presentations

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 11. Stock/stock options

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

#### 13. Other (err on the side of full disclosure)

☒ No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity\_\_\_ Comments\_\_\_

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

#### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☒ No other relationships/conditions/circumstances that present a potential conflict of interest

☐ Yes, the following relationships/conditions/circumstances are present (explain below):



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अपर आचार्य (विकिरणी रोगनिदान) / Addl. Professor (Radio-Diagnosis)  
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The International Committee of Medical Journal Editors

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by *Arthroscopy: The Journal of Arthroscopic and Related Surgery* along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.



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