

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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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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