

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christopher
2. Surname (Last Name)  
Rice
3. Date  
31-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
William J. Mileski, MD, FACS
5. Manuscript Title  
Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis
6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No





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Dr. Rice has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Krishnamurthy
2. Surname (Last Name)  
Vaishnavi
3. Date  
31-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
William J. Mileski, MD, FACS
5. Manuscript Title  
Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis
6. Manuscript Identifying Number (if you know it)

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Dr. Vaishnavi 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) Celia  
2. Surname (Last Name) Chao  
3. Date 31-October-2019

4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
William J. Mileski, MD, FACS

5. Manuscript Title  
Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Chao 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)  
Daniel
2. Surname (Last Name)  
Jupiter
3. Date  
31-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
William J. Mileski, MD, FACS
5. Manuscript Title  
Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis
6. Manuscript Identifying Number (if you know it)

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Dr. Jupiter has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
August
2. Surname (Last Name)  
Schaeffer
3. Date  
31-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
William J. Mileski, MD, FACS
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Dr. Schaeffer has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Whitney
2. Surname (Last Name)  
Jenson
3. Date  
31-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No  
Corresponding Author's Name  
William J. Mileski, MD, FACS
5. Manuscript Title  
Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis
6. Manuscript Identifying Number (if you know it)

### 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**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Lance
2. Surname (Last Name)  
Griffin
3. Date  
31-October-2019
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
William J. Mileski, MD, FACS
5. Manuscript Title  
Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
William
2. Surname (Last Name)  
Mileski
3. Date  
31-October-2019
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title  
Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis
6. Manuscript Identifying Number (if you know it)  
02569201

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