ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
Konstantinos

2. Surname (Last Name)  
Zorbas

3. Date  
17-April-2020

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

Corresponding Author’s Name  
Dr. Andreas Karachristos

5. Manuscript Title  
Modified frailty index predicts complications and death after non-bariatric gastrectomies

6. Manuscript Identifying Number (if you know it)  
TGH-19-263

### Section 2. The Work Under Consideration for Publication

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

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

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

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Yes [ ] No [✓]
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Dr. Zorbas has nothing to disclose.

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Velanovich
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Vic
2. Surname (Last Name)  Velanovich
3. Date  17-April-2020
4. Are you the corresponding author?  ☑ Yes  ☑ No

Corresponding Author’s Name
Dr. Andreas Karachristos

5. Manuscript Title
Modified frailty index predicts complications and death after non-bariatric gastrectomies

6. Manuscript Identifying Number (if you know it)
TGH-19-263

Section 2. The Work Under Consideration for Publication

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Dr. Velanovich has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nestor
2. Surname (Last Name) Esnaola
3. Date 17-April-2020
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name
Dr. Andreas Karachristos

5. Manuscript Title
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1. Given Name (First Name)  
Andreas

2. Surname (Last Name)  
Karachristos

3. Date  
17-April-2020

4. Are you the corresponding author?  
✔ Yes  ☐ No

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