ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johannes Dominik</td>
<td>Bastian</td>
<td>25-May-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   The Pararectus Approach: A New Concept

6. Manuscript Identifying Number (if you know it)
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**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]

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Dr. Bastian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Klaus Arno

2. Surname (Last Name)  
   Siebenrock

3. Date  
   25-May-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Johannes Dominik Bastian

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Siebenrock has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Marius Johann Baptist

2. Surname (Last Name)  
Keel

3. Date  
25-May-2018

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author’s Name  
Johannes Dominik Bastian

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