ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Carmen</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Balagué</td>
</tr>
<tr>
<td>3. Date</td>
<td>28-April-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
</tbody>
</table>

## 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

## Relevant financial activities outside the submitted work.

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Section 6. Disclosure Statement

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Dr. Balagué has nothing to disclose.

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<tbody>
<tr>
<td>Sonia</td>
<td>Fernandez-Ananín</td>
<td>28-April-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name
Carmen Balagué

5. Manuscript Title
MESH PLACEMENT FOR HIATAL HERNIA REPAIR: CAN WE SOLVE THE CONTROVERSY?

6. Manuscript Identifying Number (if you know it)
LS-2020-GERD-07/LS-20-89

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Dr. Fernandez-Ananín has nothing to disclose.

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## Identifying Information

1. **Given Name (First Name)**
   - David

2. **Surname (Last Name)**
   - Sacoto

3. **Date**
   - 28-April-2020

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

5. ** Manuscript Title**
   - MESH PLACEMENT FOR HIATAL HERNIA REPAIR: CAN WE SOLVE THE CONTROVERSY?

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)  
   Eduardo M

2. Surname (Last Name)  
   Targarona

3. Date  
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   [x] No

Corresponding Author's Name  
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