## **ICMJE DISCLOSURE FORM**

Date:DEC. 29th, 2022	
Your Name: Hancong Li_	
Manuscript Title:The Clinical efficacy	and safety of 3D vascular reconstruction combined with 3D navigation ir
laparoscopic hepatectomy	
Manuscript number (if known):	JGO-22-1153

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

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4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
11	Stock of Stock options		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other finencial or nen	V None	
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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	None.		
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Please place an "X" next to the following statement to indicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date:\_\_\_DEC. 29th, 2022\_\_\_\_

Royalties or licenses

\_X\_\_None

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	Your Name:Xinyang Chen_			
Manuscript Title:The Clinical efficacy and safety of 3D vascular reconstruction combined with 3D navigation in			on in	
laparoscopic hepatectomy				
Ma	anuscript number (if known	):JGO-22-115	3	
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	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertage all relationships with manufacturers of antihypertensinthe manuscript.	
In		pport for the work report	ed in this manuscript without time limit. For all other it	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
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1	manuscript (e.g., funding,	relationship or indicate none (add rows as needed) Time frame: Since the initia		
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1	manuscript (e.g., funding, provision of study materials, medical writing, article	relationship or indicate none (add rows as needed) Time frame: Since the initia		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) Time frame: Since the initia		
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		V N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
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	group, paid or unpaid		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other finencial or nen	V None	
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
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	None.		
- 1			

Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

Date:DEC. 29th, 2022	
Your Name: Qingbo Feng_	
Manuscript Title:The Clinical effica	cy and safety of 3D vascular reconstruction combined with 3D navigation ir
laparoscopic hepatectomy	
Manuscript number (if known):	JGO-22-1153

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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