

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Emilien

2. Surname (Last Name)

Loeuillard

3. Date

20-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sumera Ilyas

5. Manuscript Title

Immunobiology of Cholangiocarcinoma

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Loeuillard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Caitlin

2. Surname (Last Name)

Conboy

3. Date

20-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

Immunobiology of Cholangiocarcinoma

6. Manuscript Identifying Number (if you know it)

JHEPPR-D-19-00079

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name)
Gregory

2. Surname (Last Name)
Gores

3. Date
21-June-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Immunobiology of Cholangiocarcinoma

6. Manuscript Identifying Number (if you know it)
JHEPPR-D-19-00079

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Sumera

2. Surname (Last Name)

Ilyas

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