

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.

1. Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)
Florentine

2. Surname (Last Name)
Huettl

3. Date
26-February-2021

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

5. Manuscript Title
Virtual Reality and 3D Printing improve preoperative visualization of 3D liver reconstructions – Results from a preclinical comparison of presentation modalities and user's preference

6. Manuscript Identifying Number (if you know it)
ATM-21-512-R1

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
German Federal Ministry of Education and Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for the project was provided by the German Federal Ministry of Education and Research (FKZ: 16SV8057 "AVATAR")
Medical Centre of the Johannes Gutenberg University of Mainz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial support for the project was provided by intramural funding from the Medical Centre of the Johannes Gutenberg University of Mainz.

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Dr. Huettl reports grants from German Federal Ministry of Education and Research, other from Medical Centre of the Johannes Gutenberg University of Mainz, during the conduct of the study; .

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2. Surname (Last Name) Saalfeld

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Corresponding Author's Name Tobias Huber

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Christian

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Hansen

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Corresponding Author's Name
Tobias Huber

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Section 1. Identifying Information

1. Given Name (First Name) Bernhard	2. Surname (Last Name) Preim	3. Date 26-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Huber
5. Manuscript Title Virtual Reality and 3D Printing improve preoperative visualization of 3D liver reconstructions – Results from a preclinical comparison of presentation modalities and user's preference		
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1. Given Name (First Name) Alicia	2. Surname (Last Name) Poplawski	3. Date 26-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tobias Huber
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Werner 2. Surname (Last Name) Kneist 3. Date 26-February-2021

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

5. Manuscript Title
Virtual Reality and 3D Printing improve preoperative visualization of 3D liver reconstructions – Results from a preclinical comparison of presentation modalities and user's preference

6. Manuscript Identifying Number (if you know it)
ATM-21-512-R1

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
German Federal Ministry of Education and Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for the project was provided by the German Federal Ministry of Education and Research (FKZ: 16SV8057 "AVATAR")

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kneist reports grants from German Federal Ministry of Education and Research, during the conduct of the study; .

Evaluation and Feedback

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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

Section 1. Identifying Information

1. Given Name (First Name)
Hauke

2. Surname (Last Name)
Lang

3. Date
26-February-2021

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Corresponding Author's Name
Tobias Huber

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