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.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Emily

2. Surname (Last Name)  
Funk

3. Date  
28-March-2020

4. Are you the corresponding author?  
Yes  ✔  No

Corresponding Author’s Name  
Ryan K Orosco

5. Manuscript Title  
Robotic Autonomy in Endocrine Surgery

6. Manuscript Identifying Number (if you know it)

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.

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Dr. Funk reports grants from NIH/NIDCD, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Florian
2. Surname (Last Name)  
   Richter
3. Date  
   29-March-2020
4. Are you the corresponding author?  
   Yes ☑  No
5. Manuscript Title  
   Robotic Autonomy in Endocrine Surgery
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Richter
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   Won Seo

2. Surname (Last Name)  
   Park

3. Date  
   29-March-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Ryan K Orosco

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Disclosure Statement

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Dr. Park has nothing to disclose.

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   Michael

2. Surname (Last Name)  
   Yip

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   Ryan K Orosco

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   Ryan  

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   28-March-2020  

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

5. Manuscript Title  
   Robotic Autonomy in Endocrine Surgery  

6. Manuscript Identifying Number (if you know it)  

**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.

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**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Orosco reports non-financial support from Intuitive Surgical, during the conduct of the study; in addition, Dr. Orosco has a patent Motion scaling for time delayed robotic surgery pending, and a patent Augmented reality for time delayed telsurgical robotics pending.

**Evaluation and Feedback**

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