# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Houssein  
2. Surname (Last Name)  
   EL HAJJ  
3. Date  
   24-March-2020  
4. Are you the corresponding author?  
   [ ] Yes  
   [X] No  
5. Manuscript Title  
   Robotic radical parametrectomy in patients with undiagnosed invasive cervical cancer: A step by step procedure  
6. Manuscript Identifying Number (if you know it)  
   GPM-2019-RS-03

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## 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  
   [X] No

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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**.  

Are there any relevant conflicts of interest?  
   [ ] Yes  
   [X] No

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## Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. EL HAJJ has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Domenico

2. **Surname (Last Name)**  
   FERRAIOLI

3. **Date**  
   24-March-2020

4. **Are you the corresponding author?**  
   □ Yes  □ No  
   **Corresponding Author’s Name**  
   Eric LAMBAUDIE

5. **Manuscript Title**  
   Robotic radical parametrectomy in patients with undiagnosed invasive cervical cancer: A step by step procedure

6. **Manuscript Identifying Number (if you know it)**  
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Dr. FERRAIOLI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Mathilde

2. Surname (Last Name)
   ROUSSEL

3. Date
   24-March-2020

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

   Corresponding Author’s Name
   Eric LAMBAUDIE

5. Manuscript Title
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Dr. ROUSSEL has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Camille
2. Surname (Last Name)  JAUFFRET FARA
3. Date  24-March-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  ERIC LAMBAUDIE

5. Manuscript Title
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Dr. JAUFFRET FARA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gilles

2. Surname (Last Name)  
   HOUVENAEHEL

3. Date  
   24-March-2020

4. Are you the corresponding author?  
  ☐ Yes  ✔ No
   Corresponding Author’s Name  
   Eric LAMBAUDIE

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

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1. Given Name (First Name)  Eric
2. Surname (Last Name)  Lambaudie
3. Date  24-March-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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