

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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2. The work under consideration for publication.

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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. Ide	ntifying Information				
1. Given Name (First Na Ismail	me) 2. Surnar Gögenu	me (Last Name) r	3. Date 05-April-2019		
4. Are you the correspond	nding author? Yes	✓ No	Corresponding Author's Name Vera Crone		
5. Manuscript Title Anesthetic technique	5. Manuscript Title Anesthetic technique and outcomes after Colorectal Cancer surgery in an Enhanced Recovery After Surgery setting				
6. Manuscript Identifying Number (if you know it)					
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Dr. Gögenur has nothing to disclose.

Evaluation and Feedback



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Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Vera		2. Surname (Last Name) Crone	3. Date 05-April-2019		
4. Are you the corresponding author?		✓ Yes No			
	5. Manuscript Title Anesthetic technique and outcomes after Colorectal Cancer surgery in an Enhanced Recovery After Surgery setting				
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1. Given Name (First Name) Rune		2. Surname (Last Name) Hasselager	3. Date 05-April-2019			
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Vera Crone			
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