QSA - 50 <sup>th</sup> Annual Convention 2019  PRINCIPAL AUTHOR: Surgeon ☐ Resident ☐	
Other	
NAME:	
HOSPITAL:	
PHONE:	
E-MAIL:	
Financial support: No  Yes	
The work has already been presented:	
No	
Authors:	
"I participated in this work and agree with the contents in their entirety"	
<u>Names</u>	
DATE:	