

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Adriana

2. Surname (Last Name)

Scamporlino

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

SURGERY FOR ELASTOFIBROMA DORSI: OPTIMIZING THE MANAGEMENT OF A BENIGN TUMOR.

6. Manuscript Identifying Number (if you know it)

JTD-20-649

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Dr. Scamporlino has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ciro

2. Surname (Last Name)

Ruggiero

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ADRIANA SCAMPORLINO

5. Manuscript Title

SURGERY FOR ELASTOFIBROMA DORSI: OPTIMIZING THE MANAGEMENT OF A BENIGN TUMOR.

6. Manuscript Identifying Number (if you know it)

JTD-20-649

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Dr. Ruggiero has nothing to disclose.

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1. Given Name (First Name)

BEATRICE

2. Surname (Last Name)

ARAMINI

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

ADRIANA SCAMPORLINO

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Uliano	2. Surname (Last Name) Morandi	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ADRIANA SCAMPORLINO
5. Manuscript Title SURGERY FOR ELASTOFIBROMA DORSI: OPTIMIZING THE MANAGEMENT OF A BENIGN TUMOR.		
6. Manuscript Identifying Number (if you know it) JTD-20-649		

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1. Given Name (First Name) ALESSANDRO	2. Surname (Last Name) STEFANI	3. Date 20-March-2020
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