

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Patrizia

2. Surname (Last Name)

Gualniera

3. Date

12-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Serena Scurria

5. Manuscript Title

Proving the causal link of recurrent laryngeal nerve injury and thyroidectomy: a medico legal appraisal

6. Manuscript Identifying Number (if you know it)

GS-20-203

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Dr. Gualniera has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Serena

2. Surname (Last Name)

Scurria

3. Date

12-August-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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Section 1. Identifying Information

1. Given Name (First Name)

Cristina

2. Surname (Last Name)

Mondello

3. Date

12-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Serena Scurria

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

GS-20-203

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Dr. Mondello has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Alessio

2. Surname (Last Name)

Asmundo

3. Date

12-August-2020

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Yes No

Corresponding Author's Name

Serena Scurria

5. Manuscript Title

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GS-20-203

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Section 1. Identifying Information

1. Given Name (First Name) Daniela	2. Surname (Last Name) Sapienza	3. Date 12-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Serena Scurria
5. Manuscript Title Proving the causal link of recurrent laryngeal nerve injury and thyroidectomy: a medico legal appraisal		
6. Manuscript Identifying Number (if you know it) GS-20-203		

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Section 1. Identifying Information

1. Given Name (First Name)

Gianlorenzo

2. Surname (Last Name)

Dionigi

3. Date

12-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Serena Scurria

5. Manuscript Title

Proving the causal link of recurrent laryngeal nerve injury and thyroidectomy: a medico legal appraisal

6. Manuscript Identifying Number (if you know it)

GS-20-203

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

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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 No

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

Dr. Dionigi has nothing to disclose.

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