

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
STEFANO

2. Surname (Last Name)  
GITTO

3. Date  
21-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
PIETRO ANDREONE

5. Manuscript Title

Hepatocellular carcinoma and liver transplant: beyond the Milan criteria and the risk of "short-blanket" syndrome

6. Manuscript Identifying Number (if you know it)

HBSN-19-789

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Dr. GITTO has nothing to disclose.

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1. Given Name (First Name)  
STEFANO

2. Surname (Last Name)  
DI SANDRO

3. Date  
21-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
PIETRO ANDREONE

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. DI SANDRO has nothing to disclose.

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1. Given Name (First Name)  
PAOLO

2. Surname (Last Name)  
MAGISTRI

3. Date  
21-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
PIETRO ANDREONE

5. Manuscript Title

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1. Given Name (First Name)  
PIETRO

2. Surname (Last Name)  
ANDREONE

3. Date  
21-March-2020

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FABRIZIO

2. Surname (Last Name)  
DI BENEDETTO

3. Date  
21-March-2020

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Yes  No

Corresponding Author's Name  
PIETRO ANDREONE

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