

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)
VITTORIO G.

2. Surname (Last Name)
PERRONE

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
UGO BOGGI

5. Manuscript Title

Impact of nutritional status on outcome of pancreatic resections for pancreatic cancer and periampullary tumors

6. Manuscript Identifying Number (if you know it)

HBSN-20-498

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Are there any relevant conflicts of interest? Yes No

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Dr. PERRONE has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

SARA

2. Surname (Last Name)

IACOPI

3. Date

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

UGO BOGGI

5. Manuscript Title

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GABRIELLA

2. Surname (Last Name)

AMORESE

3. Date

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 Yes No

Corresponding Author's Name

UGO BOGGI

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