

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Getano

2. Surname (Last Name)

Lanza

3. Date

01-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

David Giannandrea

5. Manuscript Title

Personalized-Medicine on Carotid Endarterectomy and Stenting

6. Manuscript Identifying Number (if you know it)

ATM-20-1126

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Section 1. Identifying Information

1. Given Name (First Name)

David

2. Surname (Last Name)

Giannandrea

3. Date

02-May-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Personalized-Medicine on Carotid Endarterectomy and Stenting

6. Manuscript Identifying Number (if you know it)

ATM-20-1126

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Dr. Giannandrea has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jessica

2. Surname (Last Name)

Lanza

3. Date

02-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

David Giannandrea

5. Manuscript Title

Personalized-Medicine on Carotid Endarterectomy and Stenting

6. Manuscript Identifying Number (if you know it)

ATM-20-1126

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Yes

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Stefano

2. Surname (Last Name)

Ricci

3. Date

02-May-2020

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Yes No

Corresponding Author's Name

David Giannandrea

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Gian Franco

2. Surname (Last Name)

Gensini

3. Date

03-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

David Giannandrea

5. Manuscript Title

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