

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)

Giselle

2. Surname (Last Name)

Guerra

3. Date

20-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gaetano Ciancio

5. Manuscript Title

CASE REPORT

DECEASED DONOR KIDNEY TRANSPLANT IN A 70 YEAR-OLD JEHOVAH'S WITNESS PATIENT: TO TRANSPLANT OR NOT TO

6. Manuscript Identifying Number (if you know it)

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Dr. Guerra has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Mariella

2. Surname (Last Name)

Ortigosa-Goggins

3. Date

20-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gaetano Ciancio

5. Manuscript Title

CASE REPORT

DECEASED DONOR KIDNEY TRANSPLANT IN A 70 YEAR-OLD JEHOVAH'S WITNESS PATIENT: TO TRANSPLANT OR NOT TO

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1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Gaynor	3. Date 20-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gaetano Ciancio
5. Manuscript Title CASE REPORT DECEASED DONOR KIDNEY TRANSPLANT IN A 70 YEAR-OLD JEHOVAH'S WITNESS PATIENT: TO TRANSPLANT OR NOT TO		
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Gaetano

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Ciancio

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