

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chiara	2. Surname (Last Name) Giraudò	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emilio Quaia
5. Manuscript Title Established paths and new avenues: a review of the main radiological techniques for investigating sarcopenia		
6. Manuscript Identifying Number (if you know it)		

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Giraudó has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Annachiara

2. Surname (Last Name)
Cavaliere

3. Date
19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Emilio Quaia

5. Manuscript Title
Established paths and new avenues: a review of the main radiological techniques for investigating sarcopenia

6. Manuscript Identifying Number (if you know it)

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Dr. Cavaliere has nothing to disclose.

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1. Given Name (First Name)

Amalia

2. Surname (Last Name)

Lupi

3. Date

19-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Emilio Quaia

5. Manuscript Title

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1. Given Name (First Name) GIUSEPPE 2. Surname (Last Name) GUGLIELMI 3. Date 20/03/2020
4. Are you the corresponding author? Yes No
5. Manuscript Title _____
6. Manuscript Identifying Number (if you know it)
QIMS-19-863

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1. Given Name (First Name)
Emilio

2. Surname (Last Name)
Quaia

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

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