

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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Ardito 1



Section 1. Identifying Inf	ormation	
Given Name (First Name) Francesco	2. Surname (Last Name) Ardito	3. Date 03-April-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title LAPAROSCOPIC LEFT HEPATECTON	//Y FOR PRIMARY INTRAHEPATIC LITHIA:	SIS: SURGICAL TECHNIQUE
6. Manuscript Identifying Number (if yo	ou know it)	
Section 2. The Work Under	er Consideration for Publication	
Did you or your institution at any time	receive payment or services from a third pauding but not limited to grants, data monito	orty (government, commercial, private foundation, etc.) for bring board, study design, manuscript preparation,
Section 3. Relevant finance	cial activities outside the submitte	ed work.
of compensation) with entities as d	escribed in the instructions. Use one lin d report relationships that were presen	u have financial relationships (regardless of amount se for each entity; add as many lines as you need by at during the 36 months prior to publication.
Section 4. Intellectual Pro	Details 0 Commission	
intellectual Pro	operty Patents & Copyrights	
Do you have any patents, whether	planned, pending or issued, broadly rel	evant to the work? Yes V No

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Section 5. Relationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Ardito has nothing to disclose.

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Mele 1



Section 1. Identifying	Information	
1. Given Name (First Name) Caterina	2. Surname (Last Name) Mele	3. Date 18-April-2020
4. Are you the corresponding auth	nor? Yes 🗸 No	Corresponding Author's Name Francesco Ardito
5. Manuscript Title LAPAROSCOPIC LEFT HEPATEC	TOMY FOR PRIMARY INTRAHEPATI	C LITHIASIS: SURGICAL TECHNIQUE
6. Manuscript Identifying Number	(if you know it)	
		-
Section 2. The Work U	nder Consideration for Public	cation
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Section 3. Relevant fi	nancial activities outside the s	submitted work.
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes V No		
Section 4. Intellectual	Property Patents & Copyrig	ghts
Do you have any patents, whet	her planned, pending or issued, br	roadly relevant to the work? Yes V No

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Section 5.			
	Relationships not covered above		
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Yes, the follo	Yes, the following relationships/conditions/circumstances are present (explain below):		
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Vellone 1



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1. Given Name (Fii Maria	rst Name)	2. Surname (Last Name) Vellone	3. Date 18-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Francesco Ardito
5. Manuscript Title		OR PRIMARY INTRAHEPATI	C LITHIASIS: SURGICAL TECHNIQUE
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

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Giuliante 1



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