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Section 1.	Identifying Inform	nation			
1. Given Name (Fi FELICE	rst Name)	2. Surname (Last Name) MUCILLI	3. Date 16-April-2020		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name MIRKO BARONE		
LAPAROSCOPIC	5. Manuscript Title LAPAROSCOPIC APPENDECTOMY IN ADULT PATIENTS: LOCOREGIONAL OR GENERAL ANESTHESIA? A META-ANALYSIS				
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Royalties: Funds are coming in to you or your institution due to your patent

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PRIOLETTA



Section 1. Identifying Inform	nation			
identifying inform				
Given Name (First Name) MARCO	2. Surname (Last Name) PRIOLETTA	3. Date 16-April-2020		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name MIRKO BARONE		
5. Manuscript Title LAPAROSCOPIC APPENDECTOMY IN ADULT PATIENTS: LOCOREGIONAL OR GENERAL ANESTHESIA? A META-ANALYSIS				
6. Manuscript Identifying Number (if you k LS-19-152-R1	now it)	_		
Section 2. The Work Under C	onsideration for Public	cation		
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	submitted work.		
of compensation) with entities as descr	ribed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4. Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any patents, whether plan				

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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DELL'ATTI



Section 1. Ide	Identifying Information				
1. Given Name (First Na IVAN	me) 2. Surna DELL'AT	me (Last Name) TI	3. Date 16-April-2020		
4. Are you the correspo	nding author?	✓ No	Corresponding Author's Name MIRKO BARONE		
5. Manuscript Title LAPAROSCOPIC APPENDECTOMY IN ADULT PATIENTS: LOCOREGIONAL OR GENERAL ANESTHESIA? A META-ANALYSIS					
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Section 3. Pol	ovant financial activitio	s outside the s	ubmitted work		
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	ents, whether planned, pend				

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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name MIRKO BARONE			
5. Manuscript Title LAPAROSCOPIC APPENDECTOMY IN ADULT PATIENTS: LOCOREGIONAL OR GENERAL ANESTHESIA? A META-ANALYSIS						
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Are there any rel	evant conflicts of intere	est? Yes ✓ No				
Section 4.	Intellectual Proper	rty Patents & Copyri	yhts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

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