

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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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Paganini	3. Date 18-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea Balla
5. Manuscript Title How I do it: laparoscopic implantation of lower esophageal sphincter stimulator for treatment of gastro-esophageal reflux disease		
6. Manuscript Identifying Number (if you know it) LS-2020-GERD-01(LS-20-62)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Paganini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Silvia	2. Surname (Last Name) Quaresima	3. Date 18-April-2020
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Section 1.

Identifying Information

1. Given Name (First Name)

Francesca

2. Surname (Last Name)

Meoli

3. Date

18-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Andrea Balla

5. Manuscript Title

How I do it: laparoscopic implantation of lower esophageal sphincter stimulator for treatment of gastro-esophageal reflux disease

6. Manuscript Identifying Number (if you know it)

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Section 1.

Identifying Information

1. Given Name (First Name)

Diletta

2. Surname (Last Name)

Corallino

3. Date

18-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Andrea Balla

5. Manuscript Title

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1. Given Name (First Name) Livia	2. Surname (Last Name) Palmieri	3. Date 18-April-2020
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Section 1.

Identifying Information

1. Given Name (First Name)

Maria Carlotta

2. Surname (Last Name)

Sacchi

3. Date

18-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Andrea Balla

5. Manuscript Title

How I do it: laparoscopic implantation of lower esophageal sphincter stimulator for treatment of gastro-esophageal reflux disease

6. Manuscript Identifying Number (if you know it)

LS-2020-GERD-01(LS-20-62)

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

Section 3.

Relevant financial activities outside the 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

☒ No

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Danilo	2. Surname (Last Name) Badiali	3. Date 18-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea Balla
5. Manuscript Title How I do it: laparoscopic implantation of lower esophageal sphincter stimulator for treatment of gastro-esophageal reflux disease		
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Section 1. Identifying Information

1. Given Name (First Name)
Andrea

2. Surname (Last Name)
Balla

3. Date
18-April-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
How I do it: laparoscopic implantation of lower esophageal sphincter stimulator for treatment of gastro-esophageal reflux disease

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