

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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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Edoardo

2. Surname (Last Name)

Rosso

3. Date

09-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Mini-invasive pancreaticogastrostomy

6. Manuscript Identifying Number (if you know it)

LS-2020-MP-07

Section 2. The Work Under Consideration for Publication

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Dr. Rosso has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Giuseppe

2. Surname (Last Name)

Zimmitti

3. Date

09-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Edoardo Rosso

5. Manuscript Title

Mini-invasive pancreaticogastrostomy

6. Manuscript Identifying Number (if you know it)

LS-2020-MP-07

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1. Given Name (First Name) Antonio	2. Surname (Last Name) Iannelli	3. Date 09-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Edoardo Rosso
5. Manuscript Title Mini-invasive pancreaticogastrostomy		
6. Manuscript Identifying Number (if you know it) LS-2020-MP-07		

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