

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.

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)
Pasquale

2. Surname (Last Name)
Cianci

3. Date
08-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Stapled hemorrhoidopexy: no more a new technique

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Cianci has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Amedeo	2. Surname (Last Name) Altamura	3. Date 08-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pasquale Cianci
5. Manuscript Title Stapled hemorrhoidopexy: no more a new technique		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Altamura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nicola	2. Surname (Last Name) Tartaglia	3. Date 08-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pasquale Cianci
5. Manuscript Title Stapled hemorrhoidopexy: no more a new technique		
6. Manuscript Identifying Number (if you know it)		

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Dr. Tartaglia has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alberto	2. Surname (Last Name) Fersini	3. Date 08-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pasquale Cianci
5. Manuscript Title Stapled hemorrhoidopexy: no more a new technique		
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Umberto

2. Surname (Last Name)

De Stefano

3. Date

08-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pasquale Cianci

5. Manuscript Title

Stapled hemorrhoidopexy: no more a new technique

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name) Maria Rosaria	2. Surname (Last Name) Menga	3. Date 08-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pasquale Cianci
5. Manuscript Title Stapled hemorrhoidopexy: no more a new technique		
6. Manuscript Identifying Number (if you know it)		

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Antonio

2. Surname (Last Name)

Ambrosi

3. Date

08-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Pasquale Cianci

5. Manuscript Title

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