

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Marco

2. Surname (Last Name)

Allaix

3. Date

02-March-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Secrets for successful laparoscopic antireflux surgery: adequate follow-up

6. Manuscript Identifying Number (if you know it)

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Dr. Allaix has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Fabrizio

2. Surname (Last Name)

Rebecchi

3. Date

02-March-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Marco E. Allaix

5. Manuscript Title

Secrets for successful laparoscopic antireflux surgery: adequate follow-up

6. Manuscript Identifying Number (if you know it)

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Dr. Rebecchi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Francisco	2. Surname (Last Name) Schlottmann	3. Date 02-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco E. Allaix
5. Manuscript Title Secrets for successful laparoscopic antireflux surgery: adequate follow-up		
6. Manuscript Identifying Number (if you know it) _____		

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Mario

2. Surname (Last Name)
Morino

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02-March-2017

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Corresponding Author's Name
Marco E. Allaix

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Marco

2. Surname (Last Name)
Patti

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02-March-2017

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Yes No

Corresponding Author's Name
Marco E. Allaix

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