

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)
Andrea

2. Surname (Last Name)
Vignali

3. Date
27-November-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Enhanced recovery after surgery: a continuous evolving pathway

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Vignali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Giulia	2. Surname (Last Name) Maggi	3. Date 27-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Vignali
5. Manuscript Title Enhanced recovery after surgery: a continuous evolving pathway		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Maggi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Giovanni	2. Surname (Last Name) Guarneri	3. Date 27-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrea Vignali
5. Manuscript Title Enhanced recovery after surgery: a continuous evolving pathway		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Ugo

2. Surname (Last Name)
Elmore

3. Date
27-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Andrea Vignali

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)
Riccardo

2. Surname (Last Name)
Rosati

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27-November-2017

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Andrea Vignali

5. Manuscript Title
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