

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Fabio

2. Surname (Last Name)
Cianchi

3. Date
18-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Cianchi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Giampiero

2. Surname (Last Name)
Indennitate

3. Date
18-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fabio Cianchi

5. Manuscript Title

Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Giacomo	2. Surname (Last Name) Trallori	3. Date 18-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name)

Beatrice

2. Surname (Last Name)

Paoli

3. Date

18-March-2018

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Fabio Cianchi

5. Manuscript Title

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Manuela

2. Surname (Last Name)

Ortolani

3. Date

18-March-2018

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Corresponding Author's Name

Fabio Cianchi

5. Manuscript Title

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1. Given Name (First Name) Antonio	2. Surname (Last Name) Taddei	3. Date 18-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study		
6. Manuscript Identifying Number (if you know it)		

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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Taddei 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)
Gabriele

2. Surname (Last Name)
Lami

3. Date
18-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fabio Cianchi

5. Manuscript Title

Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study

6. Manuscript Identifying Number (if you know it)

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Dr. Lami 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) Caterina	2. Surname (Last Name) Foppa	3. Date 18-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study		
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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benedetta	2. Surname (Last Name) Badii	3. Date 18-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Novelli

3. Date

18-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Fabio Cianchi

5. Manuscript Title

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Dr. Novelli 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) Ileana	2. Surname (Last Name) Skalamera	3. Date 18-March-2018
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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paolo	2. Surname (Last Name) Montanelli	3. Date 18-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study		
6. Manuscript Identifying Number (if you know it)		

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

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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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Section 6. Disclosure Statement

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Francesco

2. Surname (Last Name)

Coratti

3. Date

18-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Fabio Cianchi

5. Manuscript Title

Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study

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 3. Relevant financial activities outside the submitted work.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giuliano

2. Surname (Last Name)
Perigli

3. Date
18-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fabio Cianchi

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Perigli 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) Fabio	2. Surname (Last Name) Staderini	3. Date 18-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node mapping with near-infrared fluorescence imaging during robotic surgery for gastric cancer: a pilot study		
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