

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.

Identifying information.

2. The work under consideration for publication.

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Cianchi 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Fabio	rst Name)	2. Surnam Cianchi	ne (Last Name)	3. Date 18-March-2018
4. Are you the cor	responding author?	✓ Yes	No	
5. Manuscript Title Lymph node ma		ed fluoresce	ence imaging during robotic surgery for q	gastric cancer: a pilot study
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsiderat	tion for Publication	
any aspect of the s statistical analysis,	stitution at any time recei ubmitted work (including	ve payment but not lim	t or services from a third party (government, o lited to grants, data monitoring board, study o Yes V	
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Section 4.				
Section 1	Intellectual Proper	ty Pate	ents & Copyrights	
Do you have any	patents, whether plani	ned, pendii	ng or issued, broadly relevant to the wor	k? ☐ Yes 🗸 No

Cianchi 2



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Indennitate 1



Section 1. Identifying Info	ormation		
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-inf	rared fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study	
6. Manuscript Identifying Number (if yo	u know it)		
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	ding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Intellectual Pro	perty Patents & Copyric	hts	
Do you have any patents, whether p	lanned, pending or issued, br	oadly relevant to the work? Yes V No	

Indennitate 2



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1

administrative support, etc. Trallori



Section 1.	Identifying Inform	ation	
1. Given Name (Fire	st Name)	2. Surname (Last Name) Trallori	3. Date 18-March-2018
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node map	pping with near-infrare	ed fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study
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Trallori 2



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Paoli 1



Section 1. Identif	fying Information			
Given Name (First Name) Beatrice	2. Surname Paoli	e (Last Name)	3. Date 18-March-2018	
4. Are you the correspondin	g author? Yes	✓ No	Corresponding Author's Name Fabio Cianchi	
5. Manuscript Title Lymph node mapping wi	th near-infrared fluorescer	nce imaging du	uring robotic surgery for gastric cancer: a pilot study	
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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				
Section 3. Releva	nt financial activities	vutsida tha s	uhmittad would	
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Ortolani 1



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Taddei 1



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Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo			
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Taddei 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Royalties: Funds are coming in to you or your institution due to your patent

Lami 1



Section 1. Identifying Inform	mation	
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-infra	ed fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study
6. Manuscript Identifying Number (if you k	now it)	
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Lami 2



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Foppa 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Caterina	2. Surname (Last Name) Foppa	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-infra	red fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study
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Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

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Badii 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fii Benedetta	rst Name)	2. Surname (Last Name) Badii	3. Date 18-March-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node ma		ed fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study
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	Intellectual Proper	ty Patents & Copyrig	hts
Do you have any	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No

Badii 2



Section 5.	
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Cartinu C	
Section 6.	Disclosure Statement
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Novelli 1



Section 1.	Identifying Inform	nation	
1. Given Name (Firs	t Name)	2. Surname (Last Name) Novelli	3. Date 18-March-2018
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node map	ping with near-infrare	ed fluorescence imaging	during robotic surgery for gastric cancer: a pilot study
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Novelli 2



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Skalamera 1



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Skalamera 2



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Section 1.	Identifying Inform	nation	
1. Given Name (Fii Paolo	rst Name)	2. Surname (Last Name) Montanelli	3. Date 18-March-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Fabio Cianchi
5. Manuscript Title Lymph node ma		ed fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	ation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyric	jhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

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Relationships not covered above
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Section 1. Identifying Info	rmation		
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-info	rared fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study	
6. Manuscript Identifying Number (if you	ı know it)		
		-	
Section 2. The Work Under	Consideration for Public	cation	
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Section 3. Polygant financia	al activities quiside the d	unbunitée of unouls	
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Section 4. Intellectual Prov	perty Patents & Copyric	white	
Do you have any patents, whether p			

Coratti 2



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Perigli 1



Section 1. Identifying	ng Information		
1. Given Name (First Name) Giuliano	2. Surname (Last Name) Perigli	3. Date 18-March-2018	
4. Are you the corresponding at	uthor? Yes 🗸 No	Corresponding Author's Name Fabio Cianchi	
5. Manuscript Title Lymph node mapping with r	near-infrared fluorescence imaging d	luring robotic surgery for gastric cancer: a pilot study	
6. Manuscript Identifying Numb	per (if you know it)		
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	ether planned, pending or issued, br		

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5. Manuscript Title Lymph node mapping with near-infrare	ed fluorescence imaging d	uring robotic surgery for gastric cancer: a pilot study
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Intellectual Proper	rty Patents & Copyric	ints
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