

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)
Belli

3. Date
01-December-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Reappraisal of pull-through delayed colo-anal anastomosis for surgical treatment of low rectal cancer: do we have to look back to go forward?

6. Manuscript Identifying Number (if you know it)

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Dr. Belli 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)
Paola

2. Surname (Last Name)
Incollingo

3. Date
01-December-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Andrea Belli

5. Manuscript Title
Reappraisal of pull-through delayed colo-anal anastomosis for surgical treatment of low rectal cancer: do we have to look back to go forward?

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Dr. Incollingo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Armando

2. Surname (Last Name)

Falato

3. Date

01-December-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Andrea Belli

5. Manuscript Title

Reappraisal of pull-through delayed colo-anal anastomosis for surgical treatment of low rectal cancer: do we have to look back to go forward?

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1. Given Name (First Name)
Silvia

2. Surname (Last Name)
De Franciscis

3. Date
01-December-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Andrea Belli

5. Manuscript Title

Reappraisal of pull-through delayed colo-anal anastomosis for surgical treatment of low rectal cancer: do we have to look back to go forward?

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Francesco

2. Surname (Last Name)
Bianco

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01-December-2018

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☐ Yes

☒ No

Corresponding Author's Name
Andrea Belli

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