

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.

1. Identifying information.

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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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Gianluca	2. Surname (Last Name) Pellino	3. Date 22-May-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Salomone Di Saverio
5. Manuscript Title Laparoscopy for perforated acute dive	rticulitis of the sigmoid co	lon: navigating the evidence
6. Manuscript Identifying Number (if you k	now it)	
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Section 2. The Work Under C	onsideration for Publ	ication
· · ·	g but not limited to grants, c	n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🗸 N	10



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Section 6. Disclosure Statement

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Dr. Pellino has nothing to disclose.

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1. Given Name (F Mauro	irst Name)	2. Surname (Last Nam Podda	e) 3. Date 22-May-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Salomone Di Saverio
5. Manuscript Titl Laparoscopy for		erticulitis of the sigmoid	colon: navigating the evidence
6. Manuscript Ide	ntifying Number (if you l	know it)	
Section 2.	The Work Under (Consideration for Pu	blication
any aspect of the statistical analysis	submitted work (includir	ng but not limited to grant	rom a third party (government, commercial, private foundation, etc.) for s, data monitoring board, study design, manuscript preparation, lo
Section 3.			
Section 3.	Relevant financia	l activities outside tl	ne submitted work.

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1. Given Name (F Salomone	irst Name)	2. Surname (Last Name) Di Saverio		3. Date 22-May-2019	
4. Are you the co	rresponding author?	✓ Yes No			
5. Manuscript Titl Laparoscopy for		ticulitis of the sigmoid colon: ı	navigating the evidenc	:e	
6. Manuscript Ide	entifying Number (if you kr	now it)			
Section 2.					
Section 2	The Work Under C	onsideration for Publicati	on		
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 Y No					
Are there any re		est? Yes 🖌 No			
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Section 3.	Polovant financial	activities outside the sub	mitted work		

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