

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.

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3. Relevant financial activities outside the submitted work.

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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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Royalties: Funds are coming in to you or your institution due to your patent



| 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, |
| | | |

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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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Dr. Pellino has nothing to disclose.

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| Section 1. | Identifying Infor | mation | |
|--|---------------------------|-------------------------------|---|
| 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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|---|-----------------------------|--------------------------------------|------------------------|------------------------|--|
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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) | | | |
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| 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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