

## 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) Bianca	2. Surname (Last Name) Sollazzo	3. Date 21-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name CASSINI DILETTA
5. Manuscript Title ICG-ASSISTED D3 LYMPHADENECTOMY IN RIGHT COLECTOMY FOR CANCER		
6. Manuscript Identifying Number (if you know it) ALES-2020-RC-05(ALES-20-62)		

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Dr. Sollazzo 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)

Diletta

2. Surname (Last Name)

Cassini

3. Date

21-June-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

ICG-ASSISTED D3 LYMPHADENECTOMY IN RIGHT COLECTOMY FOR CANCER

6. Manuscript Identifying Number (if you know it)

ALES-2020-RC-05(ALES-20-62)

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1. Given Name (First Name)  
Daniele

2. Surname (Last Name)  
Biacchi

3. Date  
21-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
CASSINI DILETTA

5. Manuscript Title  
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name CASSINI DILETTA
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1. Given Name (First Name) Gianandrea	2. Surname (Last Name) Baldazzi	3. Date 21-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name CASSINI DILETTA
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