

## ICMJE DISCLOSURE FORM

Date: 04/05/2021  
 Your Name: Bertani Cristina  
 Manuscript Title: ICG. A potential to explore  
 Manuscript number (if known): \_\_\_\_\_

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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## ICMJE DISCLOSURE FORM

Date: 04/05/2021  
 Your Name: Cassinotti Elisa  
 Manuscript Title: ICG. A potential to explore  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 01/05/2021  
 Your Name: Della Porta Massimiliano  
 Manuscript Title: ICG. A potential to explore  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 02/05/2021  
 Your Name: Pagani Marco  
 Manuscript Title: ICG. A potential to explore  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 01/05/2021  
 Your Name: Boni Luigi  
 Manuscript Title: ICG. A potential to explore  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 05/05/2021  
 Your Name: Baldari Ludovica  
 Manuscript Title: ICG. A potential to explore  
 Manuscript number (if known): \_\_\_\_\_

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*Widowica Bolder*