

## ICMJE DISCLOSURE FORM

Date: April 5<sup>th</sup> 2023

Your Name: Alan Biloslavo

Manuscript Title: LAPAROSCOPIC TREATMENT FOR PERFORATED GASTRODUODENAL ULCER

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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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)
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The Author has no conflicts of interests to declare.

**Please place an "X" next to the following statement to indicate your agreement:**

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Date: April 5<sup>th</sup> 2023

Your Name: Manuela Mastronardi

Manuscript Title: LAPAROSCOPIC TREATMENT FOR PERFORATED GASTRODUODENAL ULCER

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Date: April 5<sup>th</sup> 2023

Your Name: Margherita Sandano

Manuscript Title: LAPAROSCOPIC TREATMENT FOR PERFORATED GASTRODUODENAL ULCER

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Your Name: Alice Gabrieli

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Date: April 5<sup>th</sup> 2023

Your Name: Marina Troian

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