

#### 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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### 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.

### 5. Relationships not covered above.

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



Section 1.	Identifying Info	rmation	
1. Given Name (Fii Francesco	rst Name)	2. Surname (Last Name) Petrella	3. Date 19-December-2017
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Management of		ic surgery: old style or digital drainage?".	
6. Manuscript Ider JXYM-17-160	ntifying Number (if you	ı know it)	

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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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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 🖌 No



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Dr. Petrella has nothing to disclose.

#### **Evaluation and Feedback**

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