

## 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)  
Giuseppe

2. Surname (Last Name)  
Lippi

3. Date  
06-September-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Worldwide epidemiology and trends of adenosine diphosphate (ADP) receptor inhibitors usage

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Lippi 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)

Elisa

2. Surname (Last Name)

Danese

3. Date

06-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Giuseppe Lippi

5. Manuscript Title

Worldwide epidemiology and trends of adenosine diphosphate (ADP) receptor inhibitors usage

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Danese 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)

Laura

2. Surname (Last Name)

Bonfanti

3. Date

06-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Giuseppe Lippi

5. Manuscript Title

Worldwide epidemiology and trends of adenosine diphosphate (ADP) receptor inhibitors usage

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Camilla	2. Surname (Last Name) Mattiuzzi	3. Date 06-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Lippi
5. Manuscript Title Worldwide epidemiology and trends of adenosine diphosphate (ADP) receptor inhibitors usage		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Mattiuzzi has nothing to disclose.

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1. Given Name (First Name)  
Gianfranco

2. Surname (Last Name)  
Cervellin

3. Date  
06-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Lippi

5. Manuscript Title  
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Dr. Cervellin has nothing to disclose.

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