

## 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) Francesca	2. Surname (Last Name) SBUELZ	3. Date 26-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Levi Sandri
5. Manuscript Title Bile Duct Injuries Management: The Experience of a High Volume Liver Surgery Centre.		
6. Manuscript Identifying Number (if you know it) DMR-20-90		

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Dr. SBUELZ has nothing to disclose.

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1. Given Name (First Name) Dario	2. Surname (Last Name) OPPICI	3. Date 26-December-2020
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1. Given Name (First Name) Andrea	2. Surname (Last Name) SCOTTI	3. Date 26-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Levi Sandri
5. Manuscript Title Bile Duct Injuries Management: The Experience of a High Volume Liver Surgery Centre.		
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Dr. SCOTTI has nothing to disclose.

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1. Given Name (First Name)  
Giammauro

2. Surname (Last Name)  
BERARDI

3. Date  
26-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Levi Sandri

5. Manuscript Title  
Bile Duct Injuries Management: The Experience of a High Volume Liver Surgery Centre.

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Dr. BERARDI has nothing to disclose.

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1. Given Name (First Name) Nicola	2. Surname (Last Name) GUGLIEMO	3. Date 26-December-2020
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**Other:** Anything not covered under the previous three boxes

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



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### Section 1. Identifying Information

1. Given Name (First Name)  
Marco

2. Surname (Last Name)  
COLASANTI

3. Date  
26-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Levi Sandri

5. Manuscript Title  
Bile Duct Injuries Management: The Experience of a High Volume Liver Surgery Centre.

6. Manuscript Identifying Number (if you know it)  
DMR-20-90

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

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.)?

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Are there any relevant conflicts of interest?  Yes  No

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Giovanni Battista

2. Surname (Last Name)  
LEVI SANDRI

3. Date  
26-December-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Bile Duct Injuries Management: The Experience of a High Volume Liver Surgery Centre.

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### Section 1. Identifying Information

1. Given Name (First Name) Giuseppe Maria	2. Surname (Last Name) ETTORRE	3. Date 26-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Levi Sandri
5. Manuscript Title Bile Duct Injuries Management: The Experience of a High Volume Liver Surgery Centre.		
6. Manuscript Identifying Number (if you know it) DMR-20-90		

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