

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Dario	2. Surname (Last Name) Oppici	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 Laparoscopic liver resection for hepatocellular carcinoma: 10 years retrospective study of laparoscopic liver resection in a single reference center		
6. Manuscript Identifying Number (if you know it) DMR-20-89		

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Dr. Oppici has nothing to disclose.

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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 Laparoscopic liver resection for hepatocellular carcinoma: 10 years retrospective study of laparoscopic liver resection in a single reference center		
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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 Laparoscopic liver resection for hepatocellular carcinoma: 10 years retrospective study of laparoscopic liver resection in a single reference center		
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Section 1. Identifying Information

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
Laparoscopic liver resection for hepatocellular carcinoma: 10 years retrospective study of laparoscopic liver resection in a single reference center

6. Manuscript Identifying Number (if you know it)
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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
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Levi Sandri
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Levi Sandri
5. Manuscript Title Laparoscopic liver resection for hepatocellular carcinoma: 10 years retrospective study of laparoscopic liver resection in a single reference center		
6. Manuscript Identifying Number (if you know it) DMR-20-89		

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

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Dr. COLASANTI has nothing to disclose.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giovanni Battista

2. Surname (Last Name)
LEVI SANDRI

3. Date
26-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Laparoscopic liver resection for hepatocellular carcinoma: 10 years retrospective study of laparoscopic liver resection in a single reference center

6. Manuscript Identifying Number (if you know it)
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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
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