

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)

Elisa

2. Surname (Last Name)

Cassinotti

3. Date

26-December-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Double Balloon Enteroscopy with Laparoscopic assistance and Surgical Treatment of a Subcutaneous Varix Fistula into the Small Bowel: Case Report and Literature Review

6. Manuscript Identifying Number (if you know it)

DMR-20-95

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Dr. Cassinotti Elisa has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)

Luigi

2. Surname (Last Name)

Boni

3. Date

26-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Elisa Cassinotti

5. Manuscript Title

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Prof. Luigi Boni has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name) Massimiliano	2. Surname (Last Name) Della Porta	3. Date 26-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elisa Cassinotti
5. Manuscript Title Double Balloon Enteroscopy with Laparoscopic assistance and Surgical Treatment of a Subcutaneous Varix Fistula into the Small Bowel: Case Report and Literature Review		
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Dr. Massimiliano Della Porta has nothing to disclose

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Luca

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Elli

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26-December-2020

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Corresponding Author's Name

Elisa Cassinotti

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Dr. Luca Elli has nothing to disclose

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