

#### 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.

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Vito Andrea	2. Surname (Last Name) Capozzi	3. Date 27-November-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Safe obturator nerve identification duri	ng pelvic lymphadenectomy for high-risk endometri	al cancer.		
6. Manuscript Identifying Number (if you kn	now it)			
Section 2. The Work Under Co	onsideration for Publication			
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Section 4. Intellectual Proper	ty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? 🗌 Yes 🖌 No		



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Dr. Capozzi has nothing to disclose.

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1. Given Name (Fi Luciano	rst Name)	2. Surname (Last Name) Monfardini	3. Date 27-November-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea
5. Manuscript Title Safe obturator n		ng pelvic lymphadenector	ny for high-risk endometrial cancer.
6. Manuscript Ide	ntifying Number (if you kn	ow it)	
			-
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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your patent

Gambino



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Giulia	rst Name)	2. Surname (Last Name) Gambino		3. Date 27-November-2020
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Nam Capozzi Vito Andrea	ie
5. Manuscript Title Safe obturator n		ng pelvic lymphadenecto	my for high-risk endometrial	cancer.
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Do you have any	patents, whether planr	ned, pending or issued, br	roadly relevant to the work?	Yes 🖌 No



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Dr. Gambino has nothing to disclose.

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1. Given Name (Fi Giulia	rst Name)	2. Surname (Last Name) Armano	3. Date 27-November-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea	
5. Manuscript Title Safe obturator n		ng pelvic lymphadenecto	my for high-risk endometrial cancer.	
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Dr. Rosati has nothing to disclose.

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**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.



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Stefano	rst Name)	2. Surname (Last Name) Cianci	3. Date 27-November-2020	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Capozzi Vito Andrea	
5. Manuscript Title Safe obturator n		ng pelvic lymphadenector	ny for high-risk endometrial cancer.	
6. Manuscript Ide	ntifying Number (if you kn	ow it)		
			-	
Section 2.	The Work Under Co	oncideration for Public	ration	
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Section 1.	Identifying Inform	ation		
1. Given Name (Fi Roberto	rst Name)	2. Surname (Last Name) Berretta	3. Date 27-November-2020	
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Do you have any	patents, whether planr	ned, pending or issued, br	roadly relevant to the work?  Yes  ✓ No	



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Dr. Berretta has nothing to disclose.

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