

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Martina

2. Surname (Last Name)
Rossi

3. Date
30-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk of minimvasive surgery in uterine leiomyosarcomas.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rossi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Tarsitano	3. Date 30-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martina Rossi
5. Manuscript Title Risk of minivasive surgery in uterine leiomyosarcomas.		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Dr. Tarsitano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Serena	2. Surname (Last Name) Solfrini	3. Date 30-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martina Rossi
5. Manuscript Title Risk of minimvasive surgery in uterine leiomyosarcomas.		
6. Manuscript Identifying Number (if you know it)		

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Dr. Solfrini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Federica	2. Surname (Last Name) Rosati	3. Date 30-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martina Rossi
5. Manuscript Title Risk of minimvasive surgery in uterine leiomyosarcomas.		
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Section 1. Identifying Information

1. Given Name (First Name)
Chiara

2. Surname (Last Name)
Facchini

3. Date
30-January-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Martina Rossi

5. Manuscript Title
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1. Given Name (First Name) Patrizio	2. Surname (Last Name) Antonazzo	3. Date 30-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martina Rossi
5. Manuscript Title Risk of minivasive surgery in uterine leiomyosarcomas.		
6. Manuscript Identifying Number (if you know it)		

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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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Dr. Antonazzo has nothing to disclose.

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