

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Francesco	2. Surname (Last Name) Gentili	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
5. Manuscript Title Dual energy CT in gland tumors: a comprehensive review and differential diagnosis		
6. Manuscript Identifying Number (if you know it) GS-2020-MAIIGD-04(GS-20-543)		

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Dr. Gentili has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Susanna

2. Surname (Last Name)
Guerrini

3. Date
21-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Dual energy CT in gland tumors: a comprehensive review and differential diagnosis

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) FRANCESCO GIUSEPPE	2. Surname (Last Name) MAZZEI	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
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1. Given Name (First Name) ILARIA	2. Surname (Last Name) MONTELEONE	3. Date 21-July-2020
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Dr. MONTELEONE has nothing to disclose.

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Dr. DI MEGLIO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) LETIZIA	2. Surname (Last Name) SANSOTTA	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
5. Manuscript Title Dual energy CT in gland tumors: a comprehensive review and differential diagnosis		
6. Manuscript Identifying Number (if you know it) GS-2020-MAIIGD-04(GS-20-543)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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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Section 6. Disclosure Statement

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Dr. SANSOTTA has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) ARMANDO	2. Surname (Last Name) PERRELLA	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
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Dr. PERRELLA has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) SARA	2. Surname (Last Name) PUGLISI	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
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Dr. PUGLISI has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) MASSIMO	2. Surname (Last Name) DE FILIPPO	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
5. Manuscript Title Dual energy CT in gland tumors: a comprehensive review and differential diagnosis		
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Dr. DE FILIPPO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) PAOLO	2. Surname (Last Name) GENNARO	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
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Dr. GENNARO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) LUCA	2. Surname (Last Name) VOLTERRANI	3. Date 21-July-2020
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1. Given Name (First Name) Maria Grazia	2. Surname (Last Name) Castagna	3. Date 21-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
5. Manuscript Title Dual energy CT in gland tumors: a comprehensive review and differential diagnosis		
6. Manuscript Identifying Number (if you know it) GS-2020-MAIIGD-04(GS-20-543)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susanna Guerrini
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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