

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) Emilio	2. Surname (Last Name) Trignano	3. Date 27-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Pietro Luciano Serra
5. Manuscript Title Complications after breast augmentation with hyaluronic acid. A case report.		
6. Manuscript Identifying Number (if you know it) GS-20-448		

Section 2. The Work Under Consideration for Publication

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Dr. Trignano 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)
Manuel

2. Surname (Last Name)
Baccari

3. Date
27-April-2020

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

5. Manuscript Title
Complications after breast augmentation with hyaluronic acid. A case report.

6. Manuscript Identifying Number (if you know it)
GS-20-448

Section 2. The Work Under Consideration for Publication

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Dr. Baccari has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Nicola

2. Surname (Last Name)

Pili

3. Date

27-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Complications after breast augmentation with hyaluronic acid. A case report.

6. Manuscript Identifying Number (if you know it)

GS-20-448

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Section 1. Identifying Information

1. Given Name (First Name)

Pietro Luciano

2. Surname (Last Name)

Serra

3. Date

27-April-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Corrado

2. Surname (Last Name)

Rubino

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27-April-2020

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☐ Yes

☒ No

Corresponding Author's Name

Pietro Luciano Serra

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