

## ICMJE DISCLOSURE FORM

**Date:** 12/1/2021

**Your Name:** PELLINI FRANCESCA

**Manuscript Title:** **The use of Indocyanine Green as the only tracer for the identification of the Sentinel Lymph Node in Breast Cancer: safety and feasibility.**

**Manuscript Number (if known):** Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 12/1/2021

**Your Name:** CALDANA MARINA

**Manuscript Title:** **The use of Indocyanine Green as the only tracer for the identification of the Sentinel Lymph Node in Breast Cancer: safety and feasibility.**

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2021

**Your Name:** DE FLAVIIS MATTIA

**Manuscript Title:** **The use of Indocyanine Green as the only tracer for the identification of the Sentinel Lymph Node in Breast Cancer: safety and feasibility.**

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2021

**Your Name:** DI PAOLO SERENA

**Manuscript Title:** **The use of Indocyanine Green as the only tracer for the identification of the Sentinel Lymph Node in Breast Cancer: safety and feasibility.**

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2021

**Your Name:** MIRANDOLA SARA

**Manuscript Title:** **The use of Indocyanine Green as the only tracer for the identification of the Sentinel Lymph Node in Breast Cancer: safety and feasibility.**

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## ICMJE DISCLOSURE FORM

**Date:** 12/1/2021

**Your Name:** TOMBOLAN VALERIA

**Manuscript Title:** **The use of Indocyanine Green as the only tracer for the identification of the Sentinel Lymph Node in Breast Cancer: safety and feasibility.**

**Manuscript Number (if known):** Click or tap here to enter text.

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**Your Name:** ZAMBELLI SOPALU SABRINA

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**Date:** 12/1/2021

**Your Name:** INVENTO ALESSANDRA

**Manuscript Title:** **The use of Indocyanine Green as the only tracer for the identification of the Sentinel Lymph Node in Breast Cancer: safety and feasibility.**

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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									



		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.