

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)
Laura

2. Surname (Last Name)
Antolino

3. Date
17-June-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Antolino has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Stefano

2. Surname (Last Name)
Valabrega

3. Date
17-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Laura Antolino

5. Manuscript Title

Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)

6. Manuscript Identifying Number (if you know it)

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Dr. Valabrega has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Silvia

2. Surname (Last Name)
Amato

3. Date
17-June-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Laura Antolino

5. Manuscript Title
Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)

6. Manuscript Identifying Number (if you know it)

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Dr. Amato has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Giovanni	2. Surname (Last Name) Moschetta	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Antolino
5. Manuscript Title Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)		
6. Manuscript Identifying Number (if you know it)		

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Dario

2. Surname (Last Name)
Sirimarco

3. Date
17-June-2018

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Yes No

Corresponding Author's Name
Laura Antolino

5. Manuscript Title

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1. Given Name (First Name) Giovanni	2. Surname (Last Name) Moschetta	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Antolino
5. Manuscript Title Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Moschetta has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Giuseppe	2. Surname (Last Name) Nigri	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Antolino
5. Manuscript Title Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Nigri 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) Aurello	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Antolino
5. Manuscript Title Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Aurello has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giovanni

2. Surname (Last Name)
Ramacciato

3. Date
17-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Laura Antolino

5. Manuscript Title

Inferior vena cava resection with prosthesis replacement for recurrent leiomyosarcoma (with video)

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Francesco

2. Surname (Last Name)
D'Angelo

3. Date
17-June-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Laura Antolino

5. Manuscript Title

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Dr. D'Angelo has nothing to disclose.

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