

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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)  
Fabrizio

2. Surname (Last Name)  
Minervini

3. Date  
07-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Surgical management of rib fractures in chest wall trauma

6. Manuscript Identifying Number (if you know it)  
JOVS-2019-CWT-06

### Section 2. The Work Under Consideration for Publication

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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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Dr. Minervini 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) Peter B.	2. Surname (Last Name) Kestenholz	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabrizio Minervini
5. Manuscript Title Surgical management of rib fractures in chest wall trauma		
6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-06		

### Section 2. The Work Under Consideration for Publication

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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

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Dr. Kestenholz 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) Pietro	2. Surname (Last Name) Bertoglio	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabrizio Minervini
5. Manuscript Title Surgical management of rib fractures in chest wall trauma		
6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-06		

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Dr. Bertoglio has nothing to disclose.

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1. Given Name (First Name) Marco	2. Surname (Last Name) Scarci	3. Date 02-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabrizio Minervini
5. Manuscript Title Surgical management of rib fractures in chest wall trauma		
6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-06		

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Dr. Scarci 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)  
Gregor

2. Surname (Last Name)  
Kocher

3. Date  
02-November-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Fabrizio Minervini

5. Manuscript Title  
Surgical management of rib fractures in chest wall trauma

6. Manuscript Identifying Number (if you know it)  
JOVS-2019-CWT-06

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Dr. Kocher has nothing to disclose.

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