

## 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)  
Fabrizio

2. Surname (Last Name)  
Minervini

3. Date  
02-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Pediatric chest trauma: a unique challenge

6. Manuscript Identifying Number (if you know it)  
JOVS-2019-CWT-05

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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) 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 Pediatric chest trauma: a unique challenge		
6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-05		

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

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Dr. Scarci has nothing to disclose.

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### 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fabrizio Minervini
5. Manuscript Title Pediatric chest trauma: a unique challenge		
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1. Given Name (First Name) Peter	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 Pediatric chest trauma: a unique challenge		
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Dr. Kestenholz has nothing to disclose.

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1. Given Name (First Name) Pietro	2. Surname (Last Name) Bertoglio	3. Date 02-November-2019
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