

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
FEDERICA

2. Surname (Last Name)  
LOVISARI

3. Date  
28-October-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Chest wall pain management after chest wall trauma

6. Manuscript Identifying Number (if you know it)  
JOVS-2019-CWT-01

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Dr. LOVISARI 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) MARTINA	2. Surname (Last Name) FAVARATO	3. Date 28-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name FEDERICA LOVISARI
5. Manuscript Title Chest wall pain management after chest wall trauma		
6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-01		

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

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1. Given Name (First Name)

ILARIA

2. Surname (Last Name)

GIOVANNINI

3. Date

28-October-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

FEDERICA LOVISARI

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Chest wall pain management after chest wall trauma

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RICCARDO

2. Surname (Last Name)  
GIUDICI

3. Date  
28-October-2019

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FEDERICA LOVISARI

5. Manuscript Title  
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ROBERTO

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FUMAGALLI

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