

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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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)
davide

2. Surname (Last Name)
patrini

3. Date
29-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
The role of a multidisciplinary team in chest wall trauma management

6. Manuscript Identifying Number (if you know it)
JOVS-2019-CWT-07

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Dr. patrini has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) David | 2. Surname (Last Name) Lawrence | 3. Date 29-November-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name d patrini |
| 5. Manuscript Title The role of a multidisciplinary team in chest wall trauma management | | |
| 6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-07 | | |

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Dr. Lawrence has nothing to disclose.

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| | | |
|---|---|--|
| 1. Given Name (First Name) Savvas | 2. Surname (Last Name) Lampridis | 3. Date 29-November-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name d patrini |
| 5. Manuscript Title The role of a multidisciplinary team in chest wall trauma management | | |
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Dr. Lampridis has nothing to disclose.

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| | | |
|---|---|--|
| 1. Given Name (First Name) fabrizio | 2. Surname (Last Name) minervini | 3. Date 29-November-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name d patrini |
| 5. Manuscript Title The role of a multidisciplinary team in chest wall trauma management | | |
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Dr. minervini has nothing to disclose.

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Lorenzo

2. Surname (Last Name)
Giorgi

3. Date
29-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
d patrini

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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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) Roberto | 2. Surname (Last Name) Palermo | 3. Date 29-November-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name d patrini |
| 5. Manuscript Title The role of a multidisciplinary team in chest wall trauma management | | |
| 6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-07 | | |

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

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. Palermo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Martin

2. Surname (Last Name)
Hayward

3. Date
29-November-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
d patrini

5. Manuscript Title
The role of a multidisciplinary team in chest wall trauma management

6. Manuscript Identifying Number (if you know it)
JOVS-2019-CWT-07

Section 2. The Work Under Consideration for Publication

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Dr. Hayward has nothing to disclose.

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| | | |
|---|---|--|
| 1. Given Name (First Name) marco | 2. Surname (Last Name) scarci | 3. Date 29-November-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name d patrini |
| 5. Manuscript Title The role of a multidisciplinary team in chest wall trauma management | | |
| 6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-07 | | |

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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) Joachim | 2. Surname (Last Name) Schmidt | 3. Date 29-November-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name d patrini |
| 5. Manuscript Title The role of a multidisciplinary team in chest wall trauma management | | |
| 6. Manuscript Identifying Number (if you know it) JOVS-2019-CWT-07 | | |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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| | | |
|---|---|--|
| 1. Given Name (First Name) Benedetta | 2. Surname (Last Name) bedetti | 3. Date 29-November-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name d patrini |
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