

## 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) Massimiliano	2. Surname (Last Name) Godani	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Lanza
5. Manuscript Title An unusual gait disorder at the Emergency Department: role of the quantitative assessment of parenchymal transcranial Doppler sonography		
6. Manuscript Identifying Number (if you know it) QIMS-20-982-MS-1621		

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Dr. Godani 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)

Giuseppe

2. Surname (Last Name)

Lanza

3. Date

18-August-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

An unusual gait disorder at the Emergency Department: role of the quantitative assessment of parenchymal transcranial Doppler sonography

6. Manuscript Identifying Number (if you know it)

QIMS-20-982-MS-1621

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Dr. Lanza has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Lucia

2. Surname (Last Name)

Trevisan

3. Date

18-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Giuseppe Lanza

5. Manuscript Title

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1. Given Name (First Name)

Rita

2. Surname (Last Name)

Bella

3. Date

18-August-2020

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Yes  No

Corresponding Author's Name

Giuseppe Lanza

5. Manuscript Title

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1. Given Name (First Name) Raffaele	2. Surname (Last Name) Ferri	3. Date 18-August-2020
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