

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)
Antonio

2. Surname (Last Name)
Pesce

3. Date
10-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical value of intra-operative ultrasonography during laparoscopic cholecystectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Pesce has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Teresa

2. Surname (Last Name)
Portale

3. Date
10-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Antonio Pesce

5. Manuscript Title
Clinical value of intra-operative ultrasonography during laparoscopic cholecystectomy

6. Manuscript Identifying Number (if you know it)

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Dr. Portale has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Biagio	2. Surname (Last Name) Di Stefano	3. Date 10-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antonio Pesce
5. Manuscript Title Clinical value of intra-operative ultrasonography during laparoscopic cholecystectomy		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Salvatore	2. Surname (Last Name) Costa	3. Date 10-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Antonio Pesce
5. Manuscript Title Clinical value of intra-operative ultrasonography during laparoscopic cholecystectomy		
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