



## ICMJJE 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) Maurizio	2. Surname (Last Name) Iacobone	3. Date 30-June-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Adrenal malignancy: still a contraindication for laparoscopy?		
6. Manuscript Identifying Number (if you know it) 10.21037/Is.2019.07.02		

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Dr. Iacobone has nothing to disclose.

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1. Given Name (First Name)  2. Surname (Last Name)  3. Date

4. Are you the corresponding author?  Yes  No Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Schiavone 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) Francesca	2. Surname (Last Name) Torresan	3. Date 30-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maurizio Iacobone	
5. Manuscript Title Adrenal malignancy: still a contraindication for laparoscopy?		
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1. Given Name (First Name) Silvia	2. Surname (Last Name) Negro	3. Date 30-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maurizio Iacobone	
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