

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Federica

2. Surname (Last Name)
Cipriani

3. Date
24-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
The role of minimally invasive surgery in the treatment of polycystic liver disease

6. Manuscript Identifying Number (if you know it)
LS-2019-RLBLS-08(LS-20-35)

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Dr. Cipriani has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Guido	2. Surname (Last Name) Fiorentini	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Federica Cipriani
5. Manuscript Title The role of minimally invasive surgery in the treatment of polycystic liver disease		
6. Manuscript Identifying Number (if you know it) LS-2019-RLBLS-08(LS-20-35)		

Section 2. The Work Under Consideration for Publication

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Dr. Fiorentini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Francesca

2. Surname (Last Name)
Ratti

3. Date
24-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Federica Cipriani

5. Manuscript Title
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Luca

2. Surname (Last Name)

Aldrighetti

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Corresponding Author's Name

Federica Cipriani

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