

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)

Maria Carlotta

2. Surname (Last Name)

Sacchi

3. Date

18-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Danilo Badiali

5. Manuscript Title

Diagnostic work up and indications for gastro-esophageal reflux surgery

6. Manuscript Identifying Number (if you know it)

LS-2020-GERD-05(LS-20-67)

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. Sacchi 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)

EMANUELA

2. Surname (Last Name)

RIBICHINI

3. Date

05-July-1983

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Danilo Badiali

5. Manuscript Title

Diagnostic work up and indications for gastro-esophageal reflux surgery

6. Manuscript Identifying Number (if you know it)

LS-2020-GERD-05(LS-20-67)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. RIBICHINI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Carola

2. Surname (Last Name)

Severi

3. Date

12-July-1957

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Danilo Badiali

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Danilo	2. Surname (Last Name) BADIALI	3. Date 19-April-2020
4. Are you the corresponding author? ☒ Yes ☐ No		
5. Manuscript Title Diagnostic work up and indications for reflux surgery		
6. Manuscript Identifying Number (if you know it) LS-2020-GERD-05(LS-20-67)		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
VALEAS SPA, Milan, Italy	☐	☐	☐	☒	trial
SOFAR s.p.a. Trezzano Rosa (MI), Italy	☐	☐	☒	☐	fees for SIGE congress
MESSAGGI INTERNATIONAL PUBLISHER & EVENTS, Milan Italy	☐	☒	☐	☐	lecture in ANEMGI educational event
KYOWA KIRIN SRL, Milan Italy	☐	☒	☐	☐	lecture in a educational event
KardS.r.L, Florence Italy	☐	☒	☐	☐	expert board

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. BADIALI reports other from VALEAS SPA, Milan, Italy, non-financial support from SOFAR s.p.a. Trezzano Rosa (MI), Italy, personal fees from MESSAGGI INTERNATIONAL PUBLISHER & EVENTS , Milan Italy, personal fees from KYOWA KIRIN SRL , Milan Italy, personal fees from KardS.r.L, Florence Italy, outside the submitted work; .

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