

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)

Monica

2. Surname (Last Name)

Ortenzi

3. Date

17-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

6. Manuscript Identifying Number (if you know it)

LS-2020-GERD-02(LS-20-63)

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Dr. Ortenzi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Andrea

2. Surname (Last Name)

Balla

3. Date

17-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Monica Ortenzi

5. Manuscript Title

FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

6. Manuscript Identifying Number (if you know it)

LS-2020-GERD-02(LS-20-63)

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Dr. Balla has nothing to disclose.

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1. Given Name (First Name)

Giulia

2. Surname (Last Name)

Fontana

3. Date

17-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Monica Ortenzi

5. Manuscript Title

FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

6. Manuscript Identifying Number (if you know it)

LS-2020-GERD-02(LS-20-63)

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Section 1. Identifying Information

1. Given Name (First Name)
Federica

2. Surname (Last Name)
Marinucci

3. Date
17-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Monica Ortenzi

5. Manuscript Title
FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

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Angelica

2. Surname (Last Name)

Reggiani

3. Date

17-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Monica Ortenzi

5. Manuscript Title

FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

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Section 1. Identifying Information

1. Given Name (First Name)

Perla

2. Surname (Last Name)

Capomagi

3. Date

17-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Monica Ortenzi

5. Manuscript Title

FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

6. Manuscript Identifying Number (if you know it)

LS-2020-GERD-02(LS-20-63)

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Section 1. Identifying Information

1. Given Name (First Name)

Beatrice

2. Surname (Last Name)

Bailetti

3. Date

17-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Monica Ortenzi

5. Manuscript Title

FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

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LS-2020-GERD-02(LS-20-63)

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Section 1. Identifying Information

1. Given Name (First Name)

Giovanni

2. Surname (Last Name)

Lezoche

3. Date

17-April-2020

4. Are you the corresponding author?

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Corresponding Author's Name

Monica Ortenzi

5. Manuscript Title

FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

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1. Given Name (First Name)

Mario

2. Surname (Last Name)

Guerrieri

3. Date

17-April-2020

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Yes No

Corresponding Author's Name

Monica Ortenzi

5. Manuscript Title

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