

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
29-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minimally Invasive Liver Resections for Hilar Cholangiocarcinoma: a narrative review

6. Manuscript Identifying Number (if you know it)
LS-2020-MIRLM-05(LS-20-95)

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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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) Francesca	2. Surname (Last Name) Ratti	3. Date 29-May-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 Minimally Invasive Liver Resections for Hilar Cholangiocarcinoma: a narrative review		
6. Manuscript Identifying Number (if you know it) LS-2020-MIRLM-05(LS-20-95)		

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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Dr. Ratti has nothing to disclose.

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1. Given Name (First Name)

Guido

2. Surname (Last Name)

Fiorentini

3. Date

29-May-2020

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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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29-May-2020

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Corresponding Author's Name

Federica Cipriani

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