

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Elettra	2. Surname (Last Name) Ugiono	3. Date 15-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Marco Ettore Allaix
5. Manuscript Title Results after minimally invasive Toupet fundoplication technique: a narrative review		
6. Manuscript Identifying Number (if you know it) LS-2020-GERD-08(LS-20-101)		

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Dr. Ugliono has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Elisabetta	2. Surname (Last Name) Seno	3. Date 15-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Marco Ettore Allaix
5. Manuscript Title Results after minimally invasive Toupet fundoplication technique: a narrative review		
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Dr. Seno has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Marco Ettore

2. Surname (Last Name)
Allaix

3. Date
15-June-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Results after minimally invasive Toupet fundoplication technique: a narrative review

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Fabrizio	2. Surname (Last Name) Rebecchi	3. Date 15-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Prof. Marco Ettore Allaix
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1. Given Name (First Name) Mario	2. Surname (Last Name) Morino	3. Date 15-June-2020
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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Morino has nothing to disclose.

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