

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Gianfranco

2. Surname (Last Name)
Cervellin

3. Date
21-October-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Emergency diagnostic testing in pregnancy

6. Manuscript Identifying Number (if you know it)
JLPM-2019-LMP-03

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Dr. Cervellin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ivan

2. Surname (Last Name)

Comelli

3. Date

21-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gianfranco Cervellin

5. Manuscript Title

Emergency diagnostic testing in pregnancy

6. Manuscript Identifying Number (if you know it)

JLPM-2019-LMP-03

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Dr. Comelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Bonfanti	3. Date 21-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianfranco Cervellin
5. Manuscript Title Emergency diagnostic testing in pregnancy		
6. Manuscript Identifying Number (if you know it) JLPM-2019-LMP-03		

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1. Given Name (First Name) Filippo	2. Surname (Last Name) Numeroso	3. Date 21-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianfranco Cervellin
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