

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)

Vincenzo

2. Surname (Last Name)

Roccaforte

3. Date

21-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Altered lipid profile in patient with COVID-19 infection

6. Manuscript Identifying Number (if you know it)

-

Section 2. The Work Under Consideration for Publication

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Dr. Roccaforte has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Massimo	2. Surname (Last Name) Daves	3. Date 21-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Roccaforte
5. Manuscript Title Altered lipid profile in patient with COVID-19 infection		
6. Manuscript Identifying Number (if you know it) -		

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Dr. Daves has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gluseppe	2. Surname (Last Name) Lippi	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Roccaforte
5. Manuscript Title Altered lipid profile in patient with COVID-19 infection		
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1. Given Name (First Name) Marta	2. Surname (Last Name) Spreafico	3. Date 22-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vincenzo Roccaforte
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