

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

SARA

2. Surname (Last Name)

RICCIARDI

3. Date

04-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Thoracic Redo-Robotic Surgery (TRRS): a case series of a single centre

6. Manuscript Identifying Number (if you know it)

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Dr. RICCIARDI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

FEDERICO

2. Surname (Last Name)

DAVINI

3. Date

04-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

SARA RICCIARDI

5. Manuscript Title

Thoracic Redo-Robotic Surgery (TRRS): a case series of a single centre

6. Manuscript Identifying Number (if you know it)

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Dr. DAVINI has nothing to disclose.

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1. Given Name (First Name)

GAETANO

2. Surname (Last Name)

ROMANO

3. Date

04-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

SARA RICCIARDI

5. Manuscript Title

Thoracic Redo-Robotic Surgery (TRRS): a case series of a single centre

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CARMELINA

2. Surname (Last Name)

ZIRAFRA

3. Date

04-July-2020

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Yes No

Corresponding Author's Name

SARA RICCIARDI

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FRANCA

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MELFI

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04-July-2020

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SARA RICCIARDI

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Intuitive Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	official proctor

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Dr. MELFI reports other from Intuitive Surgical, outside the submitted work.

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