

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)
Daniele

2. Surname (Last Name)
Cirone

3. Date
21-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
OPHTHALMIC MANIFESTATION OF CAT SCRATCH DISEASE

6. Manuscript Identifying Number (if you know it)
AES-20-109

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Dr. Cirone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
ERIKA

2. Surname (Last Name)
MANDARA

3. Date
21-November-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
DANIELE CIRONE

5. Manuscript Title
OPHTHALMIC MANIFESTATIONS OF CAT SCRATCH DISEASE

6. Manuscript Identifying Number (if you know it)
AES-20-109

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Dr. MANDARA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

De Simone

3. Date

21-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daniele Cirone

5. Manuscript Title

OPHTHALMIC MANIFESTATIONS OF CAT SCRATCH DISEASE

6. Manuscript Identifying Number (if you know it)

AES-20-109

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Dr. De Simone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) FRANCESCO	2. Surname (Last Name) PELLEGRINI	3. Date 12-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name DANIELE CIRONE
5. Manuscript Title OPHTHALMIC MANIFESTATIONS OF CAT SCRATCH DISEASE		
6. Manuscript Identifying Number (if you know it) AES-20-109		

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Cimino

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Daniele Cirone

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