

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Giuseppe	2. Surname (Last Name) Navarra	3. Date 18-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Pre- and post-operative patient care for transoral thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-7781-18-4		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Navarra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Vincenzo	2. Surname (Last Name) Bartolo	3. Date 18-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Pre- and post-operative patient care for transoral thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-7781-18-4		

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Section 1. Identifying Information

1. Given Name (First Name) Antonio	2. Surname (Last Name) Rizzo	3. Date 18-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Pre- and post-operative patient care for transoral thyroidectomy		
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1. Given Name (First Name) Massimo	2. Surname (Last Name) Marullo	3. Date 18-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Pre- and post-operative patient care for transoral thyroidectomy		
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1. Given Name (First Name) Antonino	2. Surname (Last Name) Cancellieri	3. Date 18-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
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1. Given Name (First Name) Antonina	2. Surname (Last Name) Catalfamo	3. Date 18-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Pre- and post-operative patient care for transoral thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-7781-18-4		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Catalfamo has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Francesca

2. Surname (Last Name)

Pergolizzi

3. Date

18-January-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Gianlorenzo Dionigi

5. Manuscript Title

Pre- and post-operative patient care for transoral thyroidectomy

6. Manuscript Identifying Number (if you know it)

AOT-7781-18-4

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Giuseppinella

2. Surname (Last Name)

Melita

3. Date

18-January-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Gianlorenzo Dionigi

5. Manuscript Title

Pre- and post-operative patient care for transoral thyroidectomy

6. Manuscript Identifying Number (if you know it)

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Gianlorenzo

2. Surname (Last Name)
Dionigi

3. Date
18-January-2018

4. Are you the corresponding author? Yes No

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