

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Che-Wei	2. Surname (Last Name) Wu	3. Date 15-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 Energy based devices for transoral thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-18-12		

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Dr. Wu has nothing to disclose.

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1. Given Name (First Name) Antonio	2. Surname (Last Name) Rizzo	3. Date 15-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 Energy based devices for transoral thyroidectomy		
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Dr. Rizzo has nothing to disclose.

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1. Given Name (First Name) Vincenzo	2. Surname (Last Name) Bartolo	3. Date 15-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 Energy based devices for transoral thyroidectomy		
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Dr. Bartolo has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Francesca	2. Surname (Last Name) Pergolizzi	3. Date 15-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 Energy based devices for transoral thyroidectomy		
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Dr. Pergolizzi has nothing to disclose.

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1. Given Name (First Name) Massimo	2. Surname (Last Name) Marullo	3. Date 15-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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**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) Antonino	2. Surname (Last Name) Cancellieri	3. Date 15-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 Energy based devices for transoral thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-18-12		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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  
15-January-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Gianlorenzo Dionigi

5. Manuscript Title  
Energy based devices for transoral thyroidectomy

6. Manuscript Identifying Number (if you know it)  
AOT-18-12

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Melita 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) Antonina	2. Surname (Last Name) Catalfamo	3. Date 15-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 Energy based devices for transoral thyroidectomy		
6. Manuscript Identifying Number (if you know it) AOT-18-12		

### Section 2. The Work Under Consideration for Publication

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Gianlorenzo

2. Surname (Last Name)  
Dionigi

3. Date  
15-January-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Energy based devices for transoral thyroidectomy

6. Manuscript Identifying Number (if you know it)  
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