

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Pontin	3. Date 15-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Cost analysis of intraoperative neural monitoring		
6. Manuscript Identifying Number (if you know it) AOT-2018-SRLM-010		

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Dr. Pontin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Antonella	2. Surname (Last Name) Pino	3. Date 15-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gianlorenzo Dionigi
5. Manuscript Title Cost analysis of intraoperative neural monitoring		
6. Manuscript Identifying Number (if you know it) AOT-2018-SRLM-010		

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Dr. Pino has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Giulia

2. Surname (Last Name)
Pinto

3. Date
15-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Gianlorenzo Dionigi

5. Manuscript Title
Cost analysis of intraoperative neural monitoring

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Gianlorenzo

2. Surname (Last Name)
Dionigi

3. Date
15-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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