

#### Instructions

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1. Given Name (First Name) Stefano	2. Surname (Last Nan Siboni	ne) 3. Date 13-September-2018
4. Are you the corresponding a	author? Yes 🖌 No	Corresponding Author's Name Luigi Bonavina
<ol> <li>Manuscript Title</li> <li>Is magnetic sphincter augm</li> <li>Manuscript Identifying Num</li> <li>AOE-2018-GERD-04</li> </ol>		otion for gastroesophageal reflux disease?

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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	🖌 No	
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Dr. Siboni has nothing to disclose.

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1. Given Name (First Name) Alberto	2. Surname (Last Name) Aiolfi	3. Date 13-September-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Luigi Bonavina
		on for gastroesophageal reflux disease?
6. Manuscript Identifying Number (if you AOE-2018-GERD-04	ı know it)	

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Section 1. Ide	entifying Infor	mation			
1. Given Name (First Na Francesco	ime)	2. Surnam Toti	ie (Last Name)		3. Date 13-September-2018
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5. Manuscript Title Is magnetic sphincter	r augmentation a	reasonable	surgical opti	on for gastroesophageal reflu	ıx disease?
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4. Are you the corresponding author?		✓ Yes No					
5. Manuscript Titl Is magnetic sph		reasonable surgical option for g	astroesophageal reflux disease?				
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