

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)
michele

2. Surname (Last Name)
marchese

3. Date
23-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Functional approach" to esophageal body diverticula

6. Manuscript Identifying Number (if you know it)
AOE-2020-MEP-04

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Dr. Marchese has nothing to disclose.

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1. Given Name (First Name)

ANNALISA

2. Surname (Last Name)

CAPANNOLO

3. Date

23-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

MICHELE MARCHESE

5. Manuscript Title

"Functional approach" to esophageal body diverticula

6. Manuscript Identifying Number (if you know it)

AOE-2020-MEP-04

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1. Given Name (First Name)

ANTONIO

2. Surname (Last Name)

GIULIANI

3. Date

23-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

MICHELE MARCHESE

5. Manuscript Title

"Functional approach" to esophageal body diverticula

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AOE-2020-MEP-04

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SAYALI

2. Surname (Last Name)

VALIYEVA

3. Date

23-December-2020

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Yes No

Corresponding Author's Name

MICHELE MARCHESE

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FRANCESCO

2. Surname (Last Name)
CARLEI

3. Date
23-December-2020

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Corresponding Author's Name
MICHELE MARCHESE

5. Manuscript Title
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LORETO

2. Surname (Last Name)

LOMBARDI

3. Date

23-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

MICHELE MARCHESE

5. Manuscript Title

"Functional approach" to esophageal body diverticula

6. Manuscript Identifying Number (if you know it)

AOE-2020-MEP-04

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Dr. LOMBARDI has nothing to disclose.

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