

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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)

Lorenzo

2. Surname (Last Name)

Giannini

3. Date

25-February-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cesare Piazza

5. Manuscript Title

Surgical treatment of primary tracheal tumors in children and adolescents

6. Manuscript Identifying Number (if you know it)

PM-19-14

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

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Dr. Giannini has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Fabiola	2. Surname (Last Name) Incandela	3. Date 25-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cesare Piazza
5. Manuscript Title Surgical treatment of primary tracheal tumors in children and adolescents		
6. Manuscript Identifying Number (if you know it) PM-19-14		

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

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Lorenzo

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Bresciani

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25-February-2019

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Yes

No

Corresponding Author's Name

Cesare Piazza

5. Manuscript Title

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1. Given Name (First Name)  
Cesare

2. Surname (Last Name)  
Piazza

3. Date  
25-February-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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