

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Povalties: Funds are coming in to you or your institution due to you



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Arianna	rst Name)	2. Surname (Last Name) Rimessi	3. Date 08-April-2019
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Therapeutical op		tum in young patients	
6. Manuscript Ider	ntifying Number (if you l	know it)	

PM-19-45

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.)?

🖌 No

Are there any relevant conflicts of interest?	Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	N/	0
	1 1			-



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Dr. Rimessi has nothing to disclose.

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Section 1. Identifying	J Information	
1. Given Name (First Name) Alessandra	2. Surname (Last Name) Mazzucco	3. Date 08-April-2019
4. Are you the corresponding aut	hor? Yes 🖌 No	Corresponding Author's Name Arianna Rimessi
5. Manuscript Title Therapeutical options in pectu	s carinatum in young patients	

Section 2. The Work Under Consideration for Publication

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🖌 No

Are there any relevant conflicts of interest?		Yes	
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Are there any relevant conflicts of interest?	Yes	\checkmark	No

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Section 1.	Identifying Info	rmation	
1. Given Name (F Stefano	irst Name)	2. Surname (Last Name) Fieschi	3. Date 08-April-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Arianna Rimessi
5. Manuscript Titl Therapeutical o		atum in young patients	
6. Manuscript Ide PM-19-45	ntifying Number (if you	know it)	

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3. Date
08-April-2019
onding Author's Name I Rimessi

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