Date:_22-07-2022 Your Name:	PAOLO	SCANA GATTA	
Manuscrint Title: Chest	t wall reconstruct	ion in children and adolese	cents: recent personal experience from a case serie
and narrative review.	t wan reconstruct		
Manuscript number (if	known):_ASJ-22-	22	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X_None	
100	The state of the s	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	PARSONAL FRES - BAXTER INT.
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	X None	No. 4400 (1900) 10000 (1900)
	lectures, presentations,		
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	M/None	PRDIATRIC MEDICINE (AME PUB JUL 2022 - JUN 2024
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	_X_None	

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Date:_22-07-2022 Your Name:	C.E.	GIORGIRTTA			
Manuscript Title: Ch and narrative review	est wall reco v.	nstruction in children and a	dolescents: recent per	sonal experience from a c	ase series
Manuscript number	(if known):_/	ASJ-22-22			

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3	Royalties or licenses	_X_None	
4	Consulting fees	None	

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	services	,	
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	financial interests		

I have no conflicts of inte	erest to declare.		
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Please place an "X" next to the following statement to indicate your agreement:

Manuscript Title: Chest wall reconstruction in children and adolescents: recent personal experience from a case series

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Date:_22-07-2022

and narrative review.

Manuscript number (if known):_ASJ-22-22

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Your Name:

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	** None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u></u> ✓ None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-	None	
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I have no conflicts of interes	st to declare.			

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Date:_22-07-2022 Your Name:	FRANCESCO	INZIRILLO	
Manuscript Title: Cl		ldren and adolescents: recent personal	experience from a case series
and narrative review			
Manuscript number	(if known): ASJ-22-22		

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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13	Other financial or non-	None	
	financial interests		
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I have no conflicts of	interest to declare.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	Stock or stock options	_X_None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u></u> ✓ None	
	Other financial or non- financial interests	<u></u> ✓ None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u></u> ✓ None	
11	Stock or stock options	None	Entire many many and post once there are not become
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Please place an "X" next to the following statement to indicate your agreement:

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ur Name: GIUSEPPE NALDI
nuscript Title: Chest wall reconstruction in children and adolescents: recent personal experience from a case series
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3	Royalties or licenses	None	
4	Consulting fees	None	

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Payment for expert testimony	_×_None	
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Patents planned, issued or pending	_X_None	
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Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u></u> ✓ None	
Other financial or non- financial interests	None	
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