

ICMJE DISCLOSURE FORM

Date: 22-07-2022

Your Name: PAOLO SCANAGATTA

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

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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial 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.	<input checked="" type="checkbox"/> None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <u>PERSONAL FEES - BAXTER INT.</u>
3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	<input checked="" type="checkbox"/> None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	ASS. EDITOR IN CHIEF PEDIATRIC MEDICINE (AMJ P06) JUL 2022 → JUN 2024
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

PS reports personal fees from Baxter International, outside the submitted work.

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IN CHIEF, PEDIATRIC MEDICINE JUL 2022 - JUN 2024

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 22-07-2022

Your Name: C.E. GIORGETTA

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

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

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ICMJE DISCLOSURE FORM

Date: 22-07-2022

Your Name: E. RAVALLI

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

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

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Date: 22-07-2022

Your Name: FRANCESCO INZIRILLO

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

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

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Date: 22-07-2022

Your Name: LUCA COLOMBO

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

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Date: 22-07-2022

Your Name: SESTINI STEFANO

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

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

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