Date:14/03/2023	
Your Name:	
Manuscript Title:_RE	CONSTRUCTIVE OPTIONS OF THE CHEST WALL AFTER TRAUMA: A NARRATIVE REVIEW
Manuscript number	(if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	XNone	pranning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNone X None	36 months
3		NONE	
4	Consulting fees	_ XNone	

5	Payment of nonorana for	_ ^None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	_ XNone	
8	Patents planned, issued or	_ XNone	
	pending		
0	Doubleinstian and Date	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	Yes	Duilio Divisi serves as an unpaid Editorial Board Member
10	in other board, society,	163	of <i>AME Surgical Journal</i> from January 2021 to December
	committee or advocacy		2024.
	group, paid or unpaid		
11	Stock or stock options	_ XNone	
12	Receipt of equipment,	_ XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
Г		150 15 15 1	
	•	a Editorial Board Member of A	AME Surgical Journal from January 2021 to December
	2024.		

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

Date: 30/0	4/2022								
Your Name:	ANDREA	Do	1100						ina na v
Manuscript Title:	PhotoNSTRUC	1,75	OPTION O	FIHE CHES	T WALL	AFIJA	imum:	AC	DELLA
Manuscript number	(if known):	are il anno la companione de la companione			-				RSVIC

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
9	Safety Monitoring Board or	The state of the s	
	Advisory Board	N	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date:02/03/20	23	
 Your Name:	Gino Zaccagna	
Manuscript Title: _	_RECONSTRUCTIVE OPTIONS OF THE CHEST WALL AFTER TRAUMA: A NARRATIVE REVIEW	
Manuscript number	er (if known):	

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		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
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9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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	There are no conflicts of interes	st	

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

Date: 30	104/2022						nangani nggana dan ganan dan ladi dan Mal		_
Your Name:	ANTONIO	MARGI	N						
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Manuscript num	ber (if known):				***************************************				ROVIC

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or		
V = 61	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
1.3	Other financial or non- financial interests	None	

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

Date: 30	104/2022					2000 11 11 11 11 11 11 11 11 11 11 11 11				
Your Name:	STEFAWIA									0
Manuscript Title:	PhotoNSTR	UCTIVE	OPTION	0-148	CHEST	WALL	Arida	injum:	AC	DELL
Manuscript num	ber (if known):						····			ROVIC

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Nonè	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	None	

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Date: 30/0	4/2022							-	
Your Name:	MUBERTO	chisci						 -	V2511 1/2
Manuscript Title:	PhotoNSTRUCTI-	E OPTION	OF IHE	CHEST	WALL	AFTUR	TMUM:	ACT	MILL
Manuscript numbe	r (if known):							14,	5V10

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony	Hone	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
	Stock of Stock options		
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