Date:	9/6/2021
Your Name:	[Fabrizio Minervini
Manuscript Title:	Benign tumors of the chest wall
Manuscript Number (if known):	Click or tap here to enter text.

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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/1/2021
Your Name:	Consolato Maria Sergi
Manuscript Title:	Benign tumors of the chest wall
Manuscript Number (if known):	[Click or tap here to enter text.]

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3	Royalties or licenses		None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	-	t to the following statement to indicate your agreeme	

9/1/2021

Date:

You	r Name:		Marco Scarci	
Manuscript Title:			Benign tumors of the chest wall	
Manuscript Number (if known):		known):	Click or tap here to enter text.	
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			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one	
3	Royalties or licenses	⊠ No	one	

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

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12	Receipt of equipment,	[⊠] None
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	gifts or other	
	services	
13	Other financial or non-financial	[⊠] None
	interests	
Plea	se place an "X" nex	xt to the following statement to indicate your agreement:

Date:	9/1/2021
Your Name:	Peter Kestenholz
Manuscript Title:	Benign tumors of the chest wall
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	าร
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3	Royalties or licenses	None	

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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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

Date:	9/1/2021
Your Name:	Leonardo Valentini
Manuscript Title:	Benign tumors of the chest wall
Manuscript Number (if known):	Click or tap here to enter text.

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			ecifications/Comments (e.g., if payments were de to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

Date:	9/1/2021
Your Name:	Laura Boschetti
Manuscript Title:	Benign tumors of the chest wall
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 30	months
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

Date:	9/4/2021
Your Name:	Pietro Bertoglio
Manuscript Title:	Benign tumors of the chest wall
Manuscript Number (if known):	Click or tap here to enter text.

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

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13	Other financial or non-financial interests	[⊠] None				
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