

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Mauro		2. Surname (Last Name) Gacci		3. Date 24-Novemb	per-2016	
4. Are you the corresponding author?		✓ Yes	No			
5. Manuscript Title Sentinel node biopsy in combination with extended pelvic lymph node dissection for men with prostate cancer at risk of nodal involvement						
6. Manuscript Ider	ntifying Number (if you kr	ow it)				
Section 2.	The Work Under Co	onsideratio	n 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.)? Are there any relevant conflicts of interest? Yes Vo						
	l.					
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	ı					
Section 4.	Intellectual Proper	ty Patent	ts & Copyrights			
Do you have any	patents, whether plan	ned, pending	or issued, broadly rele	vant to the work?	? Yes	✓ No

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Section 5.				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?			
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Section 6.	Disclosure Statement			
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Dr. Gacci has not	thing to disclose.			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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administrative support, etc.



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Pietro		2. Surname (Last Name) Spatafora	3. Date 24-November-2016		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Mauro Gacci		
5. Manuscript Title Sentinel node biopsy in combination with extended pelvic lymph node dissection for men with prostate cancer at risk of nodal involvement					
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			-		
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.		
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