

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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Section 1. Identifying Information

1. Given Name (First Name)

Chiara

2. Surname (Last Name)

Ciccarese

3. Date

19-February-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Francesco Massari

5. Manuscript Title

Localized prostate cancer genotyping: another step towards personalized therapy

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Dr. Ciccarese has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rodolfo	2. Surname (Last Name) Montironi	3. Date 19-February-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Francesco Massari
5. Manuscript Title Localized prostate cancer genotyping: another step towards personalized therapy		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Roberto

2. Surname (Last Name)

Iacovelli

3. Date

19-February-2017

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☐ Yes ☒ No

Corresponding Author's Name

Francesco Massari

5. Manuscript Title

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Francesco

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Massari

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19-February-2017

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