

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Daniela Andreina

2. Surname (Last Name)
Terribile

3. Date
31-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Axillary lymph node surgical treatment

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Terribile has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cristina	2. Surname (Last Name) Accetta	3. Date 31-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniela Andreina Terribile
5. Manuscript Title Axillary lymph node surgical treatment		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Accetta has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sabatino

2. Surname (Last Name)
D'Archi

3. Date
31-August-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Daniela Andreina Terribile

5. Manuscript Title
Axillary lymph node surgical treatment

6. Manuscript Identifying Number (if you know it)

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Dr. D'Archi has nothing to disclose.

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1. Given Name (First Name) Ida	2. Surname (Last Name) Paris	3. Date 31-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniela Andreina Terribile
5. Manuscript Title Axillary lymph node surgical treatment		
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Section 1. Identifying Information

1. Given Name (First Name)

Danilo

2. Surname (Last Name)

Di Giorgio

3. Date

31-August-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daniela Andreina Terribile

5. Manuscript Title

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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1. Given Name (First Name)

Simona Maria

2. Surname (Last Name)

Fragomeni

3. Date

31-August-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daniela Andreina Terribile

5. Manuscript Title

Axillary lymph node surgical treatment

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Riccardo	2. Surname (Last Name) Masetti	3. Date 31-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniela Andreina Terribile
5. Manuscript Title Axillary lymph node surgical treatment		
6. Manuscript Identifying Number (if you know it)		

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