

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Armando

2. Surname (Last Name)
Orlandi

3. Date
26-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diagnosis and management of breast lymphoma: a single-institution retrospective analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Orlandi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alejandro Martin	2. Surname (Last Name) Sanchez	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Sanchez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maria Alessandra	2. Surname (Last Name) Calegari	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
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Section 1. Identifying Information

1. Given Name (First Name) Sabatino	2. Surname (Last Name) D'Archi	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
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1. Given Name (First Name) Angela	2. Surname (Last Name) Santoro	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
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1. Given Name (First Name) Alba	2. Surname (Last Name) Di Leone	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Di Leone 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) Antonio	2. Surname (Last Name) Mulè	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
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Are there any relevant conflicts of interest? Yes No

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Dr. Mulè 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) Vincenzo	2. Surname (Last Name) Arena	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
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 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Arena 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)
Riccardo

2. Surname (Last Name)
Masetti

3. Date
26-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Armando Orlandi

5. Manuscript Title
Diagnosis and management of breast lymphoma: a single-institution retrospective analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Carlo	2. Surname (Last Name) Barone	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
5. Manuscript Title Diagnosis and management of breast lymphoma: a single-institution retrospective analysis		
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Dr. Barone 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) Gianluca	2. Surname (Last Name) Franceschini	3. Date 26-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Armando Orlandi
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Dr. Franceschini has nothing to disclose.

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