

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 Inform	nation			
1. Given Name (First Name) Giuseppe	2. Surname (Last Name) Visconti	3. Date 21-January-2018		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Innovative surgical treatment of peripl	neral lymphedema after breast cancer surgery			
6. Manuscript Identifying Number (if you k	now it)			
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Dr. Visconti has nothing to disclose.

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1. Given Name (First Name) Akitatsu	2. Surname (Last Name) Hayashi	3. Date 21-January-2018			
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Giuseppe Visconti			
5. Manuscript Title Innovative surgical treatment of periphe	eral lymphedema after br	east cancer surgery			
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hayashi has nothing to disclose.

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1. Given Name (First Name) Girolamo	2. Surname (Last Name) Tartaglione		3. Date 21-January-2018
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Giuseppe Visconti	me
5. Manuscript Title Innovative surgical treatment of periph	neral lymphedema after b	reast cancer surgery	
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1. Given Name (Firs Marzia	t Name)	2. Surname (Last Name) Salgarello		3. Date 21-January-2018	
4. Are you the corre	sponding author?	Yes 🖌 No	Corresponding Author's Na Giuseppe Visconti	ame	
5. Manuscript Title Innovative surgica	al treatment of periphe	eral lymphedema after br	reast cancer surgery		
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4. Are you the corresponding author? Yes Image: No Corresponding Author's Name Giuseppe Visconti Giuseppe Visconti	
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Dr. Yamamoto has nothing to disclose.

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