

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marianna

2. Surname (Last Name)
Nuti

3. Date
10-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
The microbiota impact: bacteria shaping immunity, disease and response to therapy

6. Manuscript Identifying Number (if you know it)

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Dr. Nuti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ilaria G.

2. Surname (Last Name)
Zizzari

3. Date
10-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Marianna Nuti

5. Manuscript Title

The microbiota impact: bacteria shaping immunity, disease and response to therapy

6. Manuscript Identifying Number (if you know it)

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Dr. Zizzari has nothing to disclose.

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1. Given Name (First Name) Botticelli	2. Surname (Last Name) Botticelli	3. Date 10-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marianna Nuti
5. Manuscript Title The microbiota impact: bacteria shaping immunity, disease and response to therapy		
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Lorenza

2. Surname (Last Name)
Putignani

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10-May-2018

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Yes No

Corresponding Author's Name
Marianna Nuti

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