

## 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)  
Francesco

2. Surname (Last Name)  
Arrigoni

3. Date  
16-October-2014

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
MRgFUS in the treatment of MSK lesions: a review based on the experience of the University of L'Aquila, Italy

6. Manuscript Identifying Number (if you know it)

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Dr. Arrigoni 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) Lorenzo Maria	2. Surname (Last Name) Gregori	3. Date 16-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Arrigoni
5. Manuscript Title MRgFUS in the treatment of MSK lesions: a review based on the experience of the University of L'Aquila, Italy		
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Dr. Gregori has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Luigi	2. Surname (Last Name) Zugaro	3. Date 16-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Arrigoni
5. Manuscript Title MRgFUS in the treatment of MSK lesions: a review based on the experience of the University of L'Aquila, Italy		
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Dr. Zugaro 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) Barile	3. Date 16-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Arrigoni
5. Manuscript Title MRgFUS in the treatment of MSK lesions: a review based on the experience of the University of L'Aquila, Italy		
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Dr. Barile has nothing to disclose.

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1. Given Name (First Name) Carlo	2. Surname (Last Name) Masciocchi	3. Date 16-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesco Arrigoni
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Dr. Masciocchi has nothing to disclose.

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