

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)

Pamela

2. Surname (Last Name)

Milito

3. Date

12-August-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Luigi Bonavina

5. Manuscript Title

Management of total esophageal obstruction after stenting for sleeve gastrectomy leak

6. Manuscript Identifying Number (if you know it)

CCTS-2019-12

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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☒ No

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Dr. Milito 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)
Stefano

2. Surname (Last Name)
Siboni

3. Date
12-August-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Luigi Bonavina

5. Manuscript Title
Management of total esophageal obstruction after stenting for sleeve gastrectomy leak

6. Manuscript Identifying Number (if you know it)
CCTS-2019-12

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Siboni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniele	2. Surname (Last Name) Bernardi	3. Date 12-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Luigi Bonavina
5. Manuscript Title Management of total esophageal obstruction after stenting for sleeve gastrectomy leak		
6. Manuscript Identifying Number (if you know it) CCTS-2019-12		

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Dr. Bernardi has nothing to disclose.

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1. Given Name (First Name) Emanuele	2. Surname (Last Name) Asti	3. Date 12-August-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Luigi Bonavina
5. Manuscript Title Management of total esophageal obstruction after stenting for sleeve gastrectomy leak		
6. Manuscript Identifying Number (if you know it) CCTS-2019-12		

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Luigi

2. Surname (Last Name)

Bonavina

3. Date

12-August-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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