

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
FABIO

2. Surname (Last Name)
DAVOLI

3. Date
28-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Thoracic outlet syndrome: which surgical approach?

6. Manuscript Identifying Number (if you know it)
CCTS-2019-TSB-20

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Dr. DAVOLI has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)
GUIDO

2. Surname (Last Name)
STAFFA

3. Date
28-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
FABIO DAVOLI

5. Manuscript Title
Thoracic outlet syndrome: which surgical approach?

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
ANGELO PAOLO

2. Surname (Last Name)
CIARROCCHI

3. Date
28-April-2020

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Yes No

Corresponding Author's Name
FABIO DAVOLI

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FRANCO

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STELLA

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