

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)

Paolo

2. Surname (Last Name)

Cariati

3. Date

18-September-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Soft tissue metastases affecting the paravertebral and vertebral region from squamous cell carcinoma of the upper jaw: a case report.

6. Manuscript Identifying Number (if you know it)

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Dr. Cariati has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)
Kimberly
2. Surname (Last Name)
Hawrylyshyn
3. Date
18-September-2020
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Paolo Cariatì
5. Manuscript Title
Soft tissue metastases affecting the paravertebral and vertebral region from squamous cell carcinoma of the upper jaw: a case report.
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Dr. Hawrylyshyn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel
2. Surname (Last Name)
Pampin Ozan
3. Date
18-September-2020
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Paolo Cariatì
5. Manuscript Title
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Identifying Information

1. Given Name (First Name)

Luis

2. Surname (Last Name)

Iñiguez de Ozoño

3. Date

18-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Paolo Cariati

5. Manuscript Title

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1. Given Name (First Name)
Susana
2. Surname (Last Name)
Arroyo Rodriguez
3. Date
18-September-2020
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Paolo Cariati
5. Manuscript Title
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Dr. Arroyo Rodriguez has nothing to disclose.

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