

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Davide

2. Surname (Last Name)
Patrini

3. Date
30-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diaphragmatic plication for eventration or paralysis

6. Manuscript Identifying Number (if you know it)
SHC-2017-OTS-16

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Dr. Patrini 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)
Nikolaos

2. Surname (Last Name)
Panagiotopoulos

3. Date
30-July-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Davide Patrini

5. Manuscript Title
Diaphragmatic plication for eventration or paralysis

6. Manuscript Identifying Number (if you know it)
SHC-2017-OTS-16

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Dr. Panagiotopoulos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Benedetta

2. Surname (Last Name)
Bedetti

3. Date
30-July-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Davide Patrini

5. Manuscript Title
Diaphragmatic plication for eventration or paralysis

6. Manuscript Identifying Number (if you know it)
SHC-2017-OTS-16

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1. Given Name (First Name)
David

2. Surname (Last Name)
Lawrence

3. Date
30-July-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Davide Patrini

5. Manuscript Title
Diaphragmatic plication for eventration or paralysis

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1. Given Name (First Name) Marco	2. Surname (Last Name) Scarci	3. Date 30-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Diaphragmatic plication for eventration or paralysis		
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