

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Scaradozzi

3. Date  
13-December-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Simultaneous localization and mapping (SLAM) robotics techniques: a possible application in surgery

6. Manuscript Identifying Number (if you know it)  
SHC-2017-SBTS-03

### Section 2. The Work Under Consideration for Publication

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Dr. Scaradozzi has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name)  
Silvia

2. Surname (Last Name)  
Zingaretti

3. Date  
13-December-2017

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Yes  No

Corresponding Author's Name  
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