

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:**

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Davide

2. Surname (Last Name)  
Patrini

3. Date  
24-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Changes in the quality of life following surgery for hyperhidrosis

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

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

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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) Iulia	2. Surname (Last Name) Bujoreanu	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Changes in the quality of life following surgery for hyperhidrosis		
6. Manuscript Identifying Number (if you know it) SHC-2019-HM-12		

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Dr. Bujoreanu has nothing to disclose.

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1. Given Name (First Name) Savvas	2. Surname (Last Name) Lampridis	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Changes in the quality of life following surgery for hyperhidrosis		
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Dr. Lampridis 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) José Ribas Milanez	2. Surname (Last Name) de Campos	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Changes in the quality of life following surgery for hyperhidrosis		
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Dr. de Campos has nothing to disclose.

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Benedetta

2. Surname (Last Name)  
Bedetti

3. Date  
24-November-2019

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Corresponding Author's Name  
Davide Patrini

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Dr. Bedetti 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) Hugo Veiga Sampaio	2. Surname (Last Name) da Fonseca	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Changes in the quality of life following surgery for hyperhidrosis		
6. Manuscript Identifying Number (if you know it) SHC-2019-HM-12		

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. da Fonseca 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) David	2. Surname (Last Name) Lawrence	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Changes in the quality of life following surgery for hyperhidrosis		
6. Manuscript Identifying Number (if you know it) SHC-2019-HM-12		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Lawrence 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) Paulo	2. Surname (Last Name) Kauffman	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Changes in the quality of life following surgery for hyperhidrosis		
6. Manuscript Identifying Number (if you know it) SHC-2019-HM-12		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Kauffman 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) Nelson	2. Surname (Last Name) Wolosker	3. Date 24-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Davide Patrini
5. Manuscript Title Changes in the quality of life following surgery for hyperhidrosis		
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