

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)
Alessandro

2. Surname (Last Name)
Squizzato

3. Date
12-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirrhotic patients with venous thromboembolism: how to deal with an unstable balance?

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Squizzato has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Eleonora

2. Surname (Last Name)
Permurian

3. Date
12-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Alessandro Squizzato

5. Manuscript Title

Cirrhotic patients with venous thromboembolism: how to deal with an unstable balance?

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1. Given Name (First Name) Victor	2. Surname (Last Name) Gerdes	3. Date 12-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Alessandro Squizzato
5. Manuscript Title Cirrhotic patients with venous thromboembolism: how to deal with an unstable balance?		
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