

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)  
DAVIDE

2. Surname (Last Name)  
DE MARCHI

3. Date  
17-October-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Robotic surgery in Urology: a narrative review from the beginning to the single-site

6. Manuscript Identifying Number (if you know it)

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

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#### Generate Disclosure Statement

Dr. DE MARCHI has nothing to disclose.

### Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) GUGLIELMO	2. Surname (Last Name) MANTICA	3. Date 17-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name DAVIDE DE MARCHI
5. Manuscript Title Robotic surgery in Urology: a narrative review from the beginning to the single-site		
6. Manuscript Identifying Number (if you know it)  		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

ADD

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. MANTICA has nothing to disclose.

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1. Given Name (First Name) ALESSANDRO	2. Surname (Last Name) TAFURI	3. Date 17-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name DAVIDE DE MARCHI
5. Manuscript Title Robotic surgery in Urology: a narrative review from the beginning to the single-site		
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FRANCO

2. Surname (Last Name)

GABOARDI

3. Date

17-October-2020

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☐ Yes ☒ No

Corresponding Author's Name

DAVIDE DE MARCHI

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