

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.

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4. Intellectual Property.

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patent

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Section 1. Identifying Inform	ation		
1. Given Name (First Name) Irene	2. Surname (Last Name) Paraboschi	3. Date 18-February-2021	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Guglielmo Mantica	
5. Manuscript Title Narrative review on applications of fluo	rescence-guided surgery i	n adult and paediatric urology.	
6. Manuscript Identifying Number (if you kn	now it)		
		-	
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Are there any relevant conflicts of interest? Yes 🖌 No			
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Dr. Paraboschi has nothing to disclose.

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Section 1.	Identifying Inform	ation	
1. Given Name (Fi Federica	rst Name)	2. Surname (Last Name) Farneti	3. Date 02-February-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Guglielmo Mantica
5. Manuscript Title Narrative review		rescence-guided surgery i	n adult and paediatric urology.
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Jannello



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1. Given Name (Fi Letizia	rst Name)	2. Surname (Last Name) Jannello	3. Date 03-February-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Guglielmo Mantica
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Dr. Jannello has nothing to disclose.

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1. Given Name (First Name) Gianantonio	2. Surname (Last Name) Manzoni	3. Date 18-September-2021	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Guglielmo Mantica	
5. Manuscript Title Narrative review on applications of fluo	rescence-guided surgery i	n adult and paediatric urology.	
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Berrettini



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5. Manuscript Title Narrative review on applications of fluor	escence-guided surgery i	n adult and paediatric urology.	
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