

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Giuseppe

2. Surname (Last Name)  
Lippi

3. Date  
14-December-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Oral anticoagulants around the world: an updated state-of-the art analysis

6. Manuscript Identifying Number (if you know it)  
AOB-2018-AAT-001

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Dr. Lippi 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)  
Camilla

2. Surname (Last Name)  
Mattiuzzi

3. Date  
14-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Lippi

5. Manuscript Title  
Oral anticoagulants around the world: an updated state-of-the art analysis

6. Manuscript Identifying Number (if you know it)  
AOB-2018-AAT-001

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Dr. Mattiuzzi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Dorothy

2. Surname (Last Name)  
Adcock

3. Date  
14-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Giuseppe Lippi

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Emmanuel	2. Surname (Last Name) Favaloro	3. Date 14-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Lippi
5. Manuscript Title Oral anticoagulants around the world: an updated state-of-the art analysis		
6. Manuscript Identifying Number (if you know it) AOB-2018-AAT-001		

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