

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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Section 1.	Identifying Information					
1. Given Name (First Name) Silvia		2. Surname (Last Name) Ferro		3. Date 09-May-2020		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nam Nicolò Fabbri	ne		
			Manifested with Bleeding in	n a Young Man: Sincronous		
	ntifying Number (if you kn					
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Dr. Ferro has nothing to disclose.

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1. Given Name (First Name) Nicolò	2. Surname (Last Name) Fabbri	3. Date 09-May-2020		
4. Are you the corresponding author?	✓ Yes No			
 Manuscript Title Case Report of a Voluminous Abdominal GIST of Unknown Origin Manifested with Bleeding in a Young Man: Sincronous Management of the Emergency and Oncological Approach. Manuscript Identifying Number (if you know it) 				
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Section 1.	Identifying Information				
1. Given Name (First Name) Roberto		2. Surname (Last Name) Galeotti			3. Date 09-May-2020
4. Are you the corresponding author?		Yes 🖌	No	Corresponding Author's Nan Nicolò Fabbri	ne
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