Date: 25/03/2023

Your Name: Chiara Angeletti

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
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6	Payment for expert	x_None	
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7	Support for attending	x None	
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8	Patents planned, issued or	x None	
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9	Participation on a Data	x None	
9	Safety Monitoring Board or	xNone	
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10	Leadership or fiduciary role	xNone	
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	group, paid or unpaid		
11	Stock or stock options	x None	
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12	Receipt of equipment,	x None	
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	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
			•

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/03/2023

Your Name: Cinzia Vergani

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

Manuscript number (if known):

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11	Stock or stock options	x None	
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12	Receipt of equipment,	x None	
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	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
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None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/03/2023

Your Name: Stefano Troili

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

Manuscript number (if known):

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4	Consulting fees	x_None	

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	lectures, presentations,		
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6	Payment for expert	x None	
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7	Support for attending	x None	
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8	Patents planned, issued or	xNone	
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9	Participation on a Data	x_None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
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12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	x_None	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/03/2023

Your Name: Chiara Carrocci

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

Manuscript number (if known):

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13	Other financial or non-	xNone	
	financial interests		
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None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/03/2023

Your Name: Giulia De Martinis

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

Manuscript number (if known):

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13	Other financial or non-	xNone	
	financial interests		
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None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/03/2023

Your Name: Federica Venturoni

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

Manuscript number (if known):

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13	Other financial or non-	xNone	
	financial interests		
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N	None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/03/2023

Your Name: Franco Marinangeli

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

Manuscript number (if known):

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7	Support for attending	x None	
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9	Participation on a Data	x None	
9	Safety Monitoring Board or	xNone	
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10	Leadership or fiduciary role	xNone	
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	services		
13	Other financial or non-	xNone	
	financial interests		
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None.

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/03/2023

Your Name: Luca Gentili

Manuscript Title: Two Cases of Metformin-associated lactic acidosis (MALA) in post-operative period in ED

department: time to be aware. case reports

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