ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Alessandro

2. Surname (Last Name)  
Paganini

3. Date  
18-April-2020

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

5. Manuscript Title  
How I do it: laparoscopic implantation of lower esophageal sphincter stimulator for treatment of gastro-esophageal reflux disease

6. Manuscript Identifying Number (if you know it)  
LS-2020-GERD-01 (LS-20-62)

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Dr. Paganini has nothing to disclose.

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<tr>
<td>Silvia</td>
<td>Quaresima</td>
<td>18-April-2020</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name
Andrea Balla

5. Manuscript Title
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Dr. Quaresima has nothing to disclose.

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Meoli
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Francesca

2. Surname (Last Name)  
Meoli

3. Date  
18-April-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Andrea Balla

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<tr>
<td>Diletta</td>
<td>Corallino</td>
<td>18-April-2020</td>
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4. Are you the corresponding author?  
   - Yes
   - No  ✔

**Corresponding Author’s Name**

Andrea Balla

5. Manuscript Title

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Dr. Corallino has nothing to disclose.

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1. Given Name (First Name)  
Livia

2. Surname (Last Name)  
Palmieri

3. Date  
18-April-2020

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☐ Yes  ☑ No

Corresponding Author's Name  
Andrea Balla

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Maria Carlotta
2. Surname (Last Name) Sacchi
3. Date 18-April-2020

4. Are you the corresponding author? 

☐ Yes ✔ No

Corresponding Author's Name Andrea Balla

5. Manuscript Title
   How I do it: laparoscopic implantation of lower esophageal sphincter stimulator for treatment of gastro-esophageal reflux disease

6. Manuscript Identifying Number (if you know it)
   LS-2020-GERD-01 (LS-20-62)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? 

☐ Yes ✔ No

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☐ Yes ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sacchi has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Danilo  
2. Surname (Last Name)  
   Badiali  
3. Date  
   18-April-2020  
4. Are you the corresponding author?  
   No  
   ✔  
   Corresponding Author’s Name  
   Andrea Balla

5. Manuscript Title  
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   ✔  
   No

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   No

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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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### Section 1. Identifying Information

1. Given Name (First Name)  
   Andrea

2. Surname (Last Name)  
   Balla

3. Date  
   18-April-2020

4. Are you the corresponding author?  
   ✔ Yes

5. Manuscript Title  
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