ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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)**
   - Maria Carlotta

2. **Surname (Last Name)**
   - Sacchi

3. **Date**
   - 18-April-2020

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [X]

   **Corresponding Author’s Name**
   - Danilo Badiali

5. **Manuscript Title**
   - Diagnostic work up and indications for gastro-esophageal reflux surgery

6. **Manuscript Identifying Number (if you know it)**
   - LS-2020-GERD-05(LS-20-67)

### 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  [X]

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Are there any relevant conflicts of interest?  
- Yes  [ ]
- No  [X]

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  [ ]
- No  [X]
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Section 6. Disclosure Statement

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Dr. Sacchi 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)**
   - EMANUELA

2. **Surname (Last Name)**
   - RIBICHINI

3. **Date**
   - 05-July-1983

4. **Are you the corresponding author?**
   - Yes □ No ✔

5. **Manuscript Title**
   - Diagnostic work up and indications for gastro-esophageal reflux surgery

6. **Manuscript Identifying Number (if you know it)**
   - LS-2020-GERD-05(LS-20-67)

## 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

## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. RIBICHIINI has nothing to disclose.

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Severi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Carola
2. Surname (Last Name)  Severi
3. Date  12-July-1957
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author's Name  Danilo Badiali

5. Manuscript Title  Diagnostic work up and indications for gastro-esophageal reflux surgery
6. Manuscript Identifying Number (if you know it)  LS-2020-GERD-05(LS-20-67)

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Section 1. Identifying Information

1. Given Name (First Name)
   Danilo

2. Surname (Last Name)
   BADIALI

3. Date
   19-April-2020

4. Are you the corresponding author?
   Yes ✔ No

5. Manuscript Title
   Diagnostic work up and indications for reflux surgery

6. Manuscript Identifying Number (if you know it)
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If yes, please fill out the appropriate information below.

<table>
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<th>Non-Financial Support?</th>
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