ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  DIEGO
2. Surname (Last Name)  COLETTA
3. Date  29-April-2020

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. COLETTA has nothing to disclose.

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CELESTE

2. Surname (Last Name)  
DEL BASSO

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29-April-2020

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DIEGO COLETTA

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   GIUSEPPE

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   GIULIANI

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