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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<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Giovanni</td>
<td>Alemanno</td>
<td>17-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes
   - No

5. Manuscript Title  
   Long-terms results in terms of QoL after laparoscopic Nissen fundoplication: A literature review

6. Manuscript Identifying Number (if you know it)  
   LS-2020-GERD-03(LS-20-64)

## Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Alemanno has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Andrea
2. Surname (Last Name)  Bottari
3. Date  17-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Giovanni Alemanno

5. Manuscript Title
Long-term results in terms of QoL after laparoscopic Nissen fundoplication: A literature review

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Dr. Bottari has nothing to disclose.

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1. Given Name (First Name)  
Alessio

2. Surname (Last Name)  
Giordano

3. Date  
17-April-2020

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

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Paolo</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Prosperi</td>
</tr>
<tr>
<td>3. Date</td>
<td>28-April-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✅ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Giovanni Alemanno</td>
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<td>5. Manuscript Title</td>
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