ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) | Monica
2. Surname (Last Name) | Ortenzi
3. Date | 17-April-2020
4. Are you the corresponding author? | Yes ✔

5. Manuscript Title
FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

6. Manuscript Identifying Number (if you know it)
LS-2020-GERD-02(LS-20-63)

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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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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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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Dr. Ortenzi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Andrea
2. Surname (Last Name)  Balla
3. Date  17-April-2020
4. Are you the corresponding author?  No
5. Manuscript Title  FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA
6. Manuscript Identifying Number (if you know it)  LS-2020-GERD-02(LS-20-63)

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Are there any relevant conflicts of interest?  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
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Dr. Balla has nothing to disclose.

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<td>Giulia</td>
<td>Fontana</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
Monica Ortenzi

5. Manuscript Title  
FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

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

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Marinucci
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Federica
2. Surname (Last Name) Marinucci
3. Date 17-April-2020
4. Are you the corresponding author? Yes ☐ No ☑
Corresponding Author’s Name
Monica Ortenzi

5. Manuscript Title FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

6. Manuscript Identifying Number (if you know it) LS-2020-GERD-02(LS-20-63)

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Section 1. Identifying Information

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

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

5. Manuscript Title
FACTORS INFLUENCING RECURRENCE AFTER MINIMALLY INVASIVE TREATMENT OF HIATAL HERNIA

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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   Perla  
2. Surname (Last Name)  
   Capomagi  
3. Date  
   17-April-2020  
4. Are you the corresponding author?  
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   Corresponding Author's Name  
   Monica Ortenzi  
5. Manuscript Title  
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Dr. Capomagi has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Beatrice</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Bailetti</td>
</tr>
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<td>3. Date</td>
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<tr>
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   Giovanni

2. Surname (Last Name) 
   Lezoche

3. Date 
   17-April-2020

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   Corresponding Author’s Name 
   Monica Ortenzi

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   Mario

2. Surname (Last Name)  
   Guerrieri

3. Date  
   17-April-2020

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   - No  
   Yes

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