ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pio</td>
<td>Maniscalco</td>
<td>13-January-2020</td>
</tr>
</tbody>
</table>

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. Maniscalco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Nicolò

2. Surname (Last Name)  
   Fabbri

3. Date  
   13-January-2020

4. Are you the corresponding author?  
   [ ] Yes  [x] No

Corresponding Author’s Name  
Maniscalco Pio

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Francesco

2. Surname (Last Name)  
Quarantotto

3. Date  
13-January-2020

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☑ No

  Corresponding Author's Name  
Maniscalco Pio

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Tamburini
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nicola
2. Surname (Last Name)  Tamburini
3. Date  13-January-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Maniscalco  Pio
5. Manuscript Title  Titanium mesh in chest wall stabilization and reconstruction: a single center experience
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1. Given Name (First Name)  
Pio

2. Surname (Last Name)  
Cavallesco

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13-January-2020

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

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