# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**

2. **The work under consideration for publication.**

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   DEBORA

2. Surname (Last Name)  
   BRASCIA

3. Date  
   17-April-2020

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

   Corresponding Author's Name  
   GIUSEPPE MARULLI

5. Manuscript Title  
   Surgical stabilization of flail chest after trauma: when, why and how to do it?

6. Manuscript Identifying Number (if you know it)  
   CCTS-2019-TSB-19

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   Yes ☐ No ☑

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Dr. BRASCIA has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   **GIULIA**

2. Surname (Last Name)  
   **DEI ACO**

3. Date  
   **17-April-2020**

4. Are you the corresponding author?  
   ✔ No  
   **Corresponding Author's Name**  
   **GIUSEPPE MARULLI**

5. Manuscript Title  
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1. Given Name (First Name)  
   ANGELA

2. Surname (Last Name)  
   DE PALMA

3. Date  
   17-April-2020

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

   Corresponding Author’s Name  
   GIUSEPPE MARULLI

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   MICHELE

2. Surname (Last Name)  
   COSTANTINO

3. Date  
   17-April-2020

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

   Corresponding Author’s Name
   GIUSEPPE MARULLI

5. Manuscript Title  
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Dr. COSTANTINO has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   **MARCELLA**

2. Surname (Last Name)  
   **GENUALDO**

3. Date  
   **17-April-2020**

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

   **Corresponding Author’s Name**  
   **GIUSEPPE MARULLI**

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Dr. GENUALDO 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)  
   ROSATEA

2. Surname (Last Name)  
   QUERCIA

3. Date  
   17-April-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   GIUSEPPE MARULLI

5. Manuscript Title  
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Dr. QUERCIA has nothing to disclose.

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1. Given Name (First Name)  
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   GIUSEPPE MARULLI

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Dr. FIORELLA has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
GIULIA

2. Surname (Last Name)  
NEX

3. Date  
17-April-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
GIUSEPPE MARULLI

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Dr. NEX has nothing to disclose.

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SCHIAVONE
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>MARCELLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>SCHIAVONE</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-April-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
GIUSEPPE MARULLI

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Dr. SIGNORE has nothing to disclose.

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1. Given Name (First Name)  
TEODORA

2. Surname (Last Name)  
PANZA

3. Date  
17-April-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
GIUSEPPE MARULLI

5. Manuscript Title  
Surgical stabilization of flail chest after trauma: when, why and how to do it?

6. Manuscript Identifying Number (if you know it)  
CCTS-2019-TSB-19

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Are there any relevant conflicts of interest?  
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   FEDERICO

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   REA

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<td>MARULLI</td>
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