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.

1. Identifying information.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name)  FABIO
2. Surname (Last Name)      DAVOLI
3. Date                     28-April-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Thoracic outlet syndrome: which surgical approach?

6. Manuscript Identifying Number (if you know it)
CCTS-2019-TSB-20

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Dr. DAVOLI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) GUIDO
2. Surname (Last Name) STAFFA
3. Date 28-April-2020
4. Are you the corresponding author? ☑ Yes ❏ No
   Corresponding Author's Name FABIO DAVOLI
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Dr. STAFFA has nothing to disclose.

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<tr>
<td>2. Surname (Last Name)</td>
<td>CIARROCCHI</td>
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<td>3. Date</td>
<td>28-April-2020</td>
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FRANCO

2. Surname (Last Name)  
STELLA

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