ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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  
   18-April-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Giuseppe Marulli

5. Manuscript Title  
   POSTERIOR AND ANTERIOR SULCUS TUMORS

6. Manuscript Identifying Number (if you know it)  
   CCTS-2020-TLC-06(CCTS-20-81)

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Dr. Brascia has nothing to disclose.

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1. Given Name (First Name)  
   Giulia

2. Surname (Last Name)  
   De Iaco

3. Date  
   18-April-2020

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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Section 1. Identifying Information

1. Given Name (First Name)  
   Angela

2. Surname (Last Name)  
   Fiorella

3. Date  
   18-April-2020

4. Are you the corresponding author?  
   [ ] Yes  [X] No  
   Corresponding Author’s Name  
   Giuseppe Marulli

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   POSTERIOR AND ANTERIOR SULCUS TUMORS

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Dr. Fiorella 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)  
Alessandro

2. Surname (Last Name)  
Geronimo

3. Date  
18-April-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Giuseppe Marulli

5. Manuscript Title  
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   Giuseppe

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   Marulli

3. Date  
   18-April-2020

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   ✔ Yes   ☐ No

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Teodora

2. Surname (Last Name)  
   Panza

3. Date  
   18-April-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Giuseppe Marulli

5. Manuscript Title  
   POSTERIOR AND ANTERIOR SULCUS TUMORS

6. Manuscript Identifying Number (if you know it)  
   CCTS-2020-TLC-06(CCTS-20-81)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Panza has nothing to disclose.

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1. Given Name (First Name)  
   Federico

2. Surname (Last Name)  
   Rea

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

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   Giuseppe Marulli

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<td>Sampietro</td>
<td>18-April-2020</td>
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<th>4. Are you the corresponding author?</th>
<th>5. Manuscript Title</th>
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<td>☐ Yes</td>
<td>POSTERIOR AND ANTERIOR SULCUS TUMORS</td>
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Dr. Sampietro 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) Marcella
2. Surname (Last Name) Schiavone
3. Date 18-April-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Giuseppe Marulli
5. Manuscript Title POSTERIOR AND ANTERIOR SULCUS TUMORS
6. Manuscript Identifying Number (if you know it) CCTS-2020-TLC-06(CCTS-20-81)

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Francesca

2. Surname (Last Name)  
Signore

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18-April-2020

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Corresponding Author’s Name  
Giuseppe Marulli

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