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)  
   Giovanni Battista

2. Surname (Last Name)  
   Levi Sandri

3. Date  
   06-July-2020

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

5. Manuscript Title  
   Emergency splenectomy: is there a role for laparoscopy?

6. Manuscript Identifying Number (if you know it)  
   ALES-2019-MISS-07(ALES-20-82)

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Levi Sandri has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Domenico

2. Surname (Last Name)  
   Spoletini

3. Date  
   06-July-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author's Name  
   Levi Sandri

5. Manuscript Title  
   Emergency splenectomy: is there a role for laparoscopy?

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**Section 2. The Work Under Consideration for Publication**

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Dr. Spoletini has nothing to disclose.

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1. Given Name (First Name)  Giuseppe
2. Surname (Last Name)  Lamacchia
3. Date  06-July-2020
4. Are you the corresponding author?  Yes  No
Corresponding Author's Name  Levi Sandri

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

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<tr>
<td>2. Surname (Last Name)</td>
<td>Carlini</td>
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<td>3. Date</td>
<td>06-July-2020</td>
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</tbody>
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