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.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  Raffaella
2. Surname (Last Name)  Uccelli
3. Date  25-November-2020
4. Are you the corresponding author?  Yes □  No ☑
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
ACE-20-23-R1

Section 2. The Work Under Consideration for Publication
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest?  Yes □  No ☑

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes □  No ☑
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Dr. Uccelli 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) Marina
2. Surname (Last Name) Mastrantonio
3. Date 25-November-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Raffaella Uccelli
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Mastrantonio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Pierluigi  
2. Surname (Last Name)  Altavista  
3. Date  25-November-2020  
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  Raffaella Uccelli  
6. Manuscript Identifying Number (if you know it)  ACE-20-23  

Section 2. The Work Under Consideration for Publication

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Dr. Altavista has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**  
   26-November-2020

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

   **Corresponding Author’s Name**  
   Raffaella Uccelli

5. **Manuscript Title**  

6. **Manuscript Identifying Number (if you know it)**  
   ACE-20-23-R1

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Dr. Sciortino has nothing to disclose.

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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Roberto</td>
<td>Carletti</td>
<td>26-November-2020</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

<table>
<thead>
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<td>Raffaella Uccelli</td>
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Dr. Carletti has nothing to disclose.

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