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)  
   valentina

2. Surname (Last Name)  
   cossiga

3. Date  
   20-March-2020

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

   Corresponding Author’s Name  
   Maria guarino

5. Manuscript Title  
   Risk stratification of HCC occurrence after HCV eradication: a complicate plot of risk factors related and unrelated to the previous viral disease

6. Manuscript Identifying Number (if you know it)

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

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Dr. cossiga has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   maria

2. Surname (Last Name)  
   guarino

3. Date  
   20-March-2020

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

5. Manuscript Title  
   Risk stratification of HCC occurrence after HCV eradication: a complicate plot of risk factors related and unrelated to the previous viral disease

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Are there any relevant conflicts of interest?  
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### Section 3. Relevant financial activities outside the submitted work.

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

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1. Given Name (First Name)  
   filomena  
2. Surname (Last Name)  
   morisco  
3. Date  
   20-March-2020  
4. Are you the corresponding author?  
   Yes [ ]  No [X]  
   Corresponding Author’s Name  
   maria guarino

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

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1. Given Name (First Name) Nicola
2. Surname (Last Name) caporaso
3. Date 20-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No
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Corresponding Author’s Name maria guarino

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