

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Gianluca

2. Surname (Last Name)
Ianiro

3. Date
17-July-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Giovanni Cammarota

5. Manuscript Title

Decrease in Surgery for Clostridium difficile Infection after Starting a Program to Transplant Fecal Microbiota

6. Manuscript Identifying Number (if you know it)

L15-0294

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Section 1. Identifying Information

1. Given Name (First Name)
Sabina

2. Surname (Last Name)
Magalini

3. Date
20-July-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
: "Decrease in Surgery for Clostridium difficile Infection after Starting a Program to Transplant Fecal Microbiota"

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Antonio	2. Surname (Last Name) Gasbarrini	3. Date 31-July-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giovanni Cammarota
5. Manuscript Title Decrease in Surgery for Clostridium difficile Infection after Starting a Program to Transplant Fecal Microbiota		
6. Manuscript Identifying Number (if you know it) L15-0294		

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Dr. Gasbarrini has nothing to disclose.

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1. Given Name (First Name)

Daniele

2. Surname (Last Name)

Gui

3. Date

31-July-2015

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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2. Surname (Last Name)
Cammarota

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18-July-2015

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