

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giulio

2. Surname (Last Name)
Cavalli

3. Date
10-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Novel Histiocytosis with Synovial and Skin Involvement

6. Manuscript Identifying Number (if you know it)
L20-0092

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.)?

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Dr. Cavalli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lorenzo

2. Surname (Last Name)

Dagna

3. Date

10-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A Novel Histiocytosis with Synovial and Skin Involvement

6. Manuscript Identifying Number (if you know it)

L20-0092

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Dr. Dagna has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Giacomo	2. Surname (Last Name) De Luca	3. Date 06-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giulio Cavalli
5. Manuscript Title A Novel Histiocytosis with Synovial and Skin Involvement		
6. Manuscript Identifying Number (if you know it) L20-0092		

Section 2. The Work Under Consideration for Publication

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Dr. De Luca 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) Claudio	2. Surname (Last Name) Doglioni	3. Date 12-April-1953
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giulio Cavalli
5. Manuscript Title A Novel Histiocytosis with Synovial and Skin Involvement		
6. Manuscript Identifying Number (if you know it) L20-0092		

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Section 1. Identifying Information

1. Given Name (First Name)

Marina

2. Surname (Last Name)

Ferrarini

3. Date

10-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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1. Given Name (First Name) Elisabetta	2. Surname (Last Name) Ferrero	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giulio Cavalli
5. Manuscript Title A Novel Histiocytosis with Synovial and Skin Involvement		
6. Manuscript Identifying Number (if you know it) L20-0092		

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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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Dr. Ferrero has nothing to disclose.

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