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)  
   Marialaura

2. Surname (Last Name)  
   Bonaccio

3. Date  
   31-March-2020

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

5. Manuscript Title  
   Socioeconomic gradient in health: mind the gap in ‘invisible’ disparities

6. Manuscript Identifying Number (if you know it)  
   ATM-20-2929(E2020030279-31855265-ZJR)

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☐ Yes  ☑ No

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Dr. Bonaccio has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name) Augusto
2. Surname (Last Name) Di Castelnuovo
3. Date 31-March-2020
4. Are you the corresponding author? Yes No
   ✔

5. Manuscript Title
   Socioeconomic gradient in health: mind the gap in ‘invisible’ disparities

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Giovanni
2. Surname (Last Name) de Gaetano
3. Date 31-March-2020
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name
   Marialaura Bonaccio
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1. Given Name (First Name)  
Licia

2. Surname (Last Name)  
Iacoviello

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31-March-2020

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Marialaura Bonaccio

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