ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.
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5. Relationships not covered above.
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- **Royalties**: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

| 1. Given Name (First Name) | Getano |
|----------------------------|--------|
| 2. Surname (Last Name)     | Lanza  |
| 3. Date                    | 01-May-2020 |
| 4. Are you the corresponding author? | ☑ No |
| 5. Manuscript Title        | Personalized-Medicine on Carotid Endarterectomy and Stenting |
| 6. Manuscript Identifying Number (if you know it) | ATM-20-1126 |

### 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? ☑ No

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Dr. Lanza 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)  David
2. Surname (Last Name)  Giannandrea
3. Date  02-May-2020
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
   Personalized-Medicine on Carotid Endarterectomy and Stenting
6. Manuscript Identifying Number (if you know it)
   ATM-20-1126

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Section 1. Identifying Information

1. Given Name (First Name) Jessica
2. Surname (Last Name) Lanza
3. Date 02-May-2020
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
David Giannandrea

5. Manuscript Title
Personalized-Medicine on Carotid Endarterectomy and Stenting

6. Manuscript Identifying Number (if you know it)
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Stefano

2. Surname (Last Name)  
   Ricci

3. Date  
   02-May-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   David Giannandrea

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Gian Franco  
2. Surname (Last Name) Gensini  
3. Date 03-May-2020  
4. Are you the corresponding author?  
   Yes  
   No ✔ 
Corresponding Author’s Name  
   David Giannandrea

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