

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) Massimiliano	2. Surname (Last Name) Cadamuro	3. Date 06-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mario Strazzabosco
5. Manuscript Title New Insights on the role of Vascular Endothelial Growth Factor (VEGF) in biliary pathophysiology		
6. Manuscript Identifying Number (if you know it) JHEPR-D-20-00247		

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Dr. Cadamuro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Luca

2. Surname (Last Name)

Fabris

3. Date

06-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mario Strazzabosco

5. Manuscript Title

New Insights on the role of Vascular Endothelial Growth Factor (VEGF) in biliary pathophysiology

6. Manuscript Identifying Number (if you know it)

JHEPR-D-20-00247

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Dr. Fabris has nothing to disclose.

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Cadamuro

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06-January-2021

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Corresponding Author's Name
Mario Strazzabosco

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Valeria

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Mariotti

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Mario Strazzabosco

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Engitix Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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