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)
   Anna Maria

2. Surname (Last Name)
   Ierardi

3. Date
   19-March-2020

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

5. Manuscript Title
   Outcomes following minimally invasive imagine-guided percutaneous ablation of adrenal glands

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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☐ Yes  ☑ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes  ☑ No
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Dr. Ierardi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Aldo
2. Surname (Last Name)  Carnevale
3. Date  19-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Anna Maria Ierardi
5. Manuscript Title
   Outcomes following minimally invasive imagine-guided percutaneous ablation of adrenal glands
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Carnevale has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Salvatore Alessio
2. Surname (Last Name)  Angileri
3. Date  19-March-2020
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Anna Maria Ierardi
5. Manuscript Title  Outcomes following minimally invasive image-guided percutaneous ablative therapy of adrenal glands
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Angileri has nothing to disclose.

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Royalties:
Section 1. Identifying Information

1. Given Name (First Name)  
   Fabio

2. Surname (Last Name)  
   Pellegrino

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   Yes ☑️ No

   Corresponding Author’s Name  
   Anna Maria Ierardi

5. Manuscript Title  
   Outcomes following minimally invasive imagine-guided percutaneous ablation of adrenal glands

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### Section 1. Identifying Information

1. Given Name (First Name)  
Matteo  

2. Surname (Last Name)  
Renzulli  

3. Date  
19-March-2020  

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

Corresponding Author's Name  
Anna Maria Ierardi  

5. Manuscript Title  
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1. **Given Name (First Name)**
   Rita

2. **Surname (Last Name)**
   Golfieri

3. **Date**
   19-March-2020

4. **Are you the corresponding author?**
   Yes

5. **Manuscript Title**
   Outcomes following minimally invasive image-guided percutaneous ablation of adrenal glands

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

### 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? Yes

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes
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Dr. Golfieri has nothing to disclose.

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Zhang
### Section 1. Identifying Information

1. Given Name (First Name)  
   Daqi  
2. Surname (Last Name)  
   Zhang  
3. Date  
   19-March-2020  
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
   Corresponding Author’s Name  
   Anna Maria Ierardi  
5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Hui

2. Surname (Last Name)  
   Sun

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

Corresponding Author’s Name  
Anna Maria Ierardi

5. Manuscript Title  
Outcomes following minimally invasive imagine-guided percutaneous ablation of adrenal glands

6. Manuscript Identifying Number (if you know it)  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Melchiore  
2. Surname (Last Name)  Giganti  
3. Date  19-March-2020  
4. Are you the corresponding author?  Yes  No  
Corresponding Author’s Name  Anna Maria Ierardi  
5. Manuscript Title  Outcomes following minimally invasive imagine-guided percutaneous ablation of adrenal glands  
6. Manuscript Identifying Number (if you know it)  GS-2019-RA-01(GS-19-312)  

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)  Gianlorenzo
2. Surname (Last Name)  Dionigi
3. Date  19-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Anna Maria Ierardi

5. Manuscript Title
Outcomes following minimally invasive imagine-guided percutaneous ablation of adrenal glands

6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Gianpaolo  

2. Surname (Last Name)  
   Carrafiello  

3. Date  
   19-March-2020  

4. Are you the corresponding author?  
   [ ] Yes  
   [✓] No  

   Corresponding Author’s Name  
   Anna Maria Ierardi  

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