ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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

5. Manuscript Title
Role of biomarkers for early detection of ovarian cancer recurrence

6. Manuscript Identifying Number (if you know it)
GS-2020-OCR-07(GS-20-423)

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Dr. Giampaolino has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Virginia

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

3. **Date**
   02-May-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   
   **Corresponding Author’s Name**
   Pierluigi Giampaolino

5. **Manuscript Title**
   Role of biomarkers for early detection of ovarian cancer recurrence

6. **Manuscript Identifying Number (if you know it)**
   GS-2020-OCR-07(GS-20-423)

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## Section 1. Identifying Information

1. Given Name (First Name)  
Luigi  

2. Surname (Last Name)  
Della Corte  

3. Date  
02-May-2020  

4. Are you the corresponding author?  

- [x] Yes  
- [ ] No  

Corresponding Author’s Name  
Pierluigi Giampaolino  

5. Manuscript Title  
Role of biomarkers for early detection of ovarian cancer recurrence  

6. Manuscript Identifying Number (if you know it)  
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Dr. Della Corte 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)  Claudia
2. Surname (Last Name)  Di Filippo
3. Date  02-May-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Pierluigi Giampaolino

5. Manuscript Title  Role of biomarkers for early detection of ovarian cancer recurrence
6. Manuscript Identifying Number (if you know it)  GS-2020-OCR-07(GS-20-423)

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Giuseppe

2. **Surname (Last Name)**
   - Lorio

3. **Date**
   - 02-May-2020

4. **Are you the corresponding author?**
   - Yes [ ]  No [X]  

5. **Manuscript Title**
   - Role of biomarkers for early detection of ovarian cancer recurrence

6. **Manuscript Identifying Number (if you know it)**
   - GS-2020-OCR-07(GS-20-423)

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Lorio
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Dr. Lorio has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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Section 1. Identifying Information
1. Given Name (First Name)  Giuseppe
2. Surname (Last Name)  Bifulco
3. Date  02-May-2020
4. Are you the corresponding author?  Yes  No
  Corresponding Author’s Name  Pierluigi Giampaolino
5. Manuscript Title  Role of biomarkers for early detection of ovarian cancer recurrence
6. Manuscript Identifying Number (if you know it)  GS-2020-OCR-07(GS-20-423)

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. Bifulco has nothing to disclose.

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