



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)
DAVIDE

2. Surname (Last Name)
DE MARCHI

3. Date
17-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic surgery in Urology: a narrative review from the beginning to the single-site

6. Manuscript Identifying Number (if you know it)

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Dr. DE MARCHI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) GUGLIELMO	2. Surname (Last Name) MANTICA	3. Date 17-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name DAVIDE DE MARCHI
5. Manuscript Title Robotic surgery in Urology: a narrative review from the beginning to the single-site		
6. Manuscript Identifying Number (if you know it)		

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Dr. MANTICA has nothing to disclose.

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1. Given Name (First Name) ALESSANDRO	2. Surname (Last Name) TAFURI	3. Date 17-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name DAVIDE DE MARCHI
5. Manuscript Title Robotic surgery in Urology: a narrative review from the beginning to the single-site		
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