ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Elisa</td>
<td>Cassinotti</td>
<td>26-December-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
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Dr. Cassinotti Elisa has nothing to disclose

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**Section 1. Identifying Information**

1. Given Name (First Name)  Luigi
2. Surname (Last Name)  Boni
3. Date  26-December-2020
4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title  
Double Balloon Enteroscopy with Laparoscopic assistance and Surgical Treatment of a Subcutaneous Varix Fistula into the Small Bowel: Case Report and Literature Review

6. Manuscript Identifying Number (if you know it)  DMR-20-95

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Prof. Luigi Boni has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)  
   Massimiliano

2. Surname (Last Name)  
   Della Porta

3. Date  
   26-December-2020

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

5. Manuscript Title  
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Dr. Massimiliano Della Porta has nothing to disclose

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1. Given Name (First Name) Luca
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Dr. Luca Elli has nothing to disclose

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   Ludovica

2. Surname (Last Name)  
   Baldari

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   26-December-2020

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Corresponding Author's Name  
   Elisa Cassinotti

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Dr. Ludovica Baldari has nothing to disclose

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