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.

1. **Identifying information.**

2. **The work under consideration for publication.**

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4. ** Intellectual Property.**

5. **Relationships not covered above.**

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- **Royalties**: Funds are coming in to you or your institution due to your patent

Guerra
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Giselle

2. Surname (Last Name)  
   Guerra

3. Date  
   20-May-2020

4. Are you the corresponding author?  
   Yes  ☑️  No

   Corresponding Author’s Name  
   Gaetano Ciancio

5. Manuscript Title  
   CASE REPORT
   DECEASED DONOR KIDNEY TRANSPLANT IN A 70 YEAR-OLD JEHOVAH’S WITNESS PATIENT: TO TRANSPLANT OR NOT TO TRANSPLANT?

6. Manuscript Identifying Number (if you know it)

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑️ Yes  ☐ No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Guerra 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)  
   Mariella  

2. Surname (Last Name)  
   Ortigosa-Goggins  

3. Date  
   20-May-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   CASE REPORT
   DECEASED DONOR KIDNEY TRANSPLANT IN A 70 YEAR-OLD JEHOVAH’S WITNESS PATIENT: TO TRANSPLANT OR NOT TO TRANSPLANT?

6. Manuscript Identifying Number (if you know it)

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**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?  
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Are there any relevant conflicts of interest?  
☑ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ No

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Ortigosa-Goggins
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Ortigosa-Goggins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Gaynor

3. Date  
   20-May-2020

4. Are you the corresponding author?  
   ✔ No

Corresponding Author's Name
   Gaetano Ciancio

5. Manuscript Title  
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Dr. Gaynor has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)  
Gaetano

2. Surname (Last Name)  
Ciancio

3. Date  
20-May-2020

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
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Ciancio
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Ciancio