

ICMJE DISCLOSURE FORM

Date: April 6th 2021

Your Name: Luciano Antozzi

Manuscript Title: Laparoscopic Nissen Fundoplication for GERD in *Situs Inversus Totalis*: a "self-solving puzzle": a Case report.

Manuscript number (if known): AOE-20-63

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: April 6th, 2021

Your Name: Pedro Renda

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