ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Giacomo

2. Surname (Last Name)  
Lucenteforte

3. Date  
08-December-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Silvia Ramón

5. Manuscript Title  
Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial.

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lucenteforte has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Rossella
2. Surname (Last Name)  Baldini
3. Date  16-December-2019
4. Are you the corresponding author?  ✔ No

5. Manuscript Title
   Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial.

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)  Sveva Maria
2. Surname (Last Name)  Nusca
3. Date  16-December-2019
4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Silvia Ramon
5. Manuscript Title
   Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial.
6. Manuscript Identifying Number (if you know it)  #

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Dr. Nusca has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Flavia

2. Surname (Last Name)  
   Santoboni

3. Date  
   16-December-2019

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

   Corresponding Author’s Name  
   Silvia Ramon

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Giulia
2. Surname (Last Name) Stella
3. Date 16-December-2019
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Silvia Ramon
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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mario  

2. Surname (Last Name)  
   Vetrano  

3. Date  
   16-December-2019  

4. Are you the corresponding author?  
   ☑ No  

Corresponding Author’s Name  
Silvia Ramon  

5. Manuscript Title  
Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial.  

6. Manuscript Identifying Number (if you know it)  
#  

**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?  
☑ No  

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Are there any relevant conflicts of interest?  
☑ No  

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vetrano has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maria Chiara
2. Surname (Last Name) Vulpiani
3. Date 16-December-2019
4. Are you the corresponding author? ☐ Yes  ☑ No
   Corresponding Author’s Name Silvia Ramon
5. Manuscript Title
   Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial.
6. Manuscript Identifying Number (if you know it) #

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Dr. Vulpiani 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)  
MARIANTONIA

2. Surname (Last Name)  
ALBANO

3. Date  
25-November-1989

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
SILVIA RAMON

5. Manuscript Title  
Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
GIOVANNI

2. Surname (Last Name)  
BALATO

3. Date  
23-December-2019

4. Are you the corresponding author?  
✔ No

Corresponding Author’s Name  
SILVIA RAMON

5. Manuscript Title  
Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial

6. Manuscript Identifying Number (if you know it)

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✔ No

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Are there any relevant conflicts of interest?  
✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. BALATO 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)  RAMON
2. Surname (Last Name)  CUGAT
3. Date  17-December-2019
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  SILVIA RAMON

5. Manuscript Title
Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial

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Dr. CUGAT has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
## Identifying Information

1. Given Name (First Name)  
   CARLA  
2. Surname (Last Name)  
   DI LUISE  
3. Date  
   09-March-1987  
4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author's Name  
   SILVIA RAMON  
5. Manuscript Title  
   Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial  
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Are there any relevant conflicts of interest?  
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Dr. DI LUISE has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   SILVIA

2. Surname (Last Name)  
   RAMON

3. Date  
   16-December-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial

6. Manuscript Identifying Number (if you know it)

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Dr. SILVIA RAMON 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)  
   SERGIO

2. Surname (Last Name)  
   RUSSO

3. Date  
   29-March-1952

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial

6. Manuscript Identifying Number (if you know it)

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Dr. RUSSO has nothing to disclose.

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<td>3. Date</td>
<td>27-December-2019</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>SILVIA RAMON</td>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>SERVODIDIO</td>
</tr>
<tr>
<td>3. Date</td>
<td>09-September-1987</td>
</tr>
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<td>4. Are you the corresponding author?</td>
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1. **Given Name (First Name)**
   - Rocio

2. **Surname (Last Name)**
   - de Unzurrunzaga

3. **Date**
   - 16-December-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Focused Shockwave Treatment in Greater Trochanteric Pain Syndrome: a multicenter, randomized, controlled clinical trial

6. **Manuscript Identifying Number (if you know it)**
   - SILVIA RAMON

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