



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Giuseppe

2. Surname (Last Name)
Lippi

3. Date
02-January-2018

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

5. Manuscript Title
Red blood cell distribution width in heart failure: a narrative review

6. Manuscript Identifying Number (if you know it)
00211903

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Lippi has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Gianni	2. Surname (Last Name) Turcato	3. Date 02-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Lippi
5. Manuscript Title Red blood cell distribution width in heart failure: a narrative review		
6. Manuscript Identifying Number (if you know it) 00211903		

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Dr. Turcato has nothing to disclose.

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Gianfranco

2. Surname (Last Name)
Cervellin

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