

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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)

Maria Gloria

2. Surname (Last Name)

Mumolo

3. Date

23-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

From bench to bedside: fecal calprotectin in Inflammatory Bowel Disease (IBD) clinical setting

6. Manuscript Identifying Number (if you know it)

39711

Section 2. The Work Under Consideration for Publication

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☐ Yes

☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mumolo has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Lorenzo

2. Surname (Last Name)

Bertani

3. Date

23-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Francesco Costa

5. Manuscript Title

From bench to bedside: calprotectin in Inflammatory Bowel Diseases (IBD) real-life setting.

6. Manuscript Identifying Number (if you know it)

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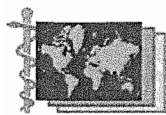
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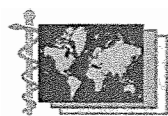
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1. Given Name (First Name)

Linda

2. Surname (Last Name)

Ceccarelli

3. Date

23-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Francesco Costa

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1. Given Name (First Name)

Gabiella

2. Surname (Last Name)

Laino

3. Date

23-May-2018

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☐ Yes☒ No

Corresponding Author's Name

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Giorgia

2. Surname (Last Name)

Di Fluri

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23-May-2018

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☐ Yes

☒ No

Corresponding Author's Name

F. Costa

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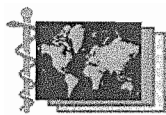
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4 Intellectual Property.

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

5 Relationships not covered above.

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



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Section 1. Identifying Information

1. Given Name (First Name)

Eleonora

2. Surname (Last Name)

Albano

3. Date

23-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

F. Costa

5. Manuscript Title

From bench to bedside: fecal calprotectin in Inflammatory Bowel Disease (IBD) clinical setting

6. Manuscript Identifying Number (if you know it)

39711

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?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

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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

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

Dr. Albano has nothing to disclose.

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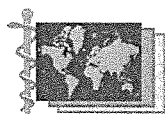
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2. Surname (Last Name)
Tapete

3. Date
23-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

F. Costa

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Are there any relevant conflicts of interest?

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Section 1. Identifying Information

1. Given Name (First Name)
Francesco

2. Surname (Last Name)
Costa

3. Date
25-May-2018

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

5. Manuscript Title
From bench to bedside: fecal calprotectin in Inflammatory Bowel Diseases (IBD) clinical setting

6. Manuscript Identifying Number (if you know it)
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DIASORIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
THERMOFISHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Costa reports personal fees from DIASORIN, personal fees from THERMOFISHER, outside the submitted work; .

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