

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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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)
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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Dr. Lucenteforte 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)

Rossella

2. Surname (Last Name)

Baldini

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.

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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

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

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Dr. Santoboni 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)
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

5. Manuscript Title
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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?

☐ 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)

#

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

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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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Section 6. Disclosure Statement

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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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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?

☐ 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. ALBANO 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)
GIOVANNI

2. Surname (Last Name)
BALATO

3. Date
23-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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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

6. Manuscript Identifying Number (if you know it)

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Dr. CUGAT 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)

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

6. Manuscript Identifying Number (if you know it)

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Dr. DI LUISE has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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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?

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. RUSSO 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)

ROBERTO

2. Surname (Last Name)

SEIJAS

3. Date

27-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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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

VALERIA

2. Surname (Last Name)

SERVODIDIO

3. Date

09-September-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

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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☐

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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Dr. SERVODIDIO 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) Rocio	2. Surname (Last Name) de Unzurrunzaga	3. Date 16-December-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. ROCIO DE UNZURRUNZAGA has nothing to disclose.

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