ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Domenico
2. Surname (Last Name)  Di Raimondo
3. Date  26-May-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  EFFECTS OF PHYSICAL INACTIVITY IN CARDIOVASCULAR BIOMARKERS

6. Manuscript Identifying Number (if you know it)  JLPM-2019-EDFCB-03

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Dr. Di Raimondo has nothing to disclose.

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<tr>
<td>Gaia</td>
<td>Musiari</td>
<td>26-May-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

<table>
<thead>
<tr>
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<td>Di Raimondo D</td>
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<tr>
<td>Giuliana</td>
<td>Rizzo</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Di Raimondo D

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</tr>
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<td>Di Raimondo D</td>
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1. Given Name (First Name)  Antonio
2. Surname (Last Name)  Pinto
3. Date  26-May-2020
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Di Raimondo D

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