

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

José L.

2. Surname (Last Name)

González

3. Date

22-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dr. Alejandro Palazzo

5. Manuscript Title

Crioablación con balón en fibrilación auricular paroxística. Experiencia inicial

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Néstor

2. Surname (Last Name)

Galizio

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22-July-2015

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Dr. Alejandro Palazzo

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1. Given Name (First Name)

Alejandro

2. Surname (Last Name)

Palazzo

3. Date

22-July-2015

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☒ Yes ☐ No

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Federico

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Robles

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☐ Yes

☒ No

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Issued: The patent has been issued by the agency

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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)

Mauricio

2. Surname (Last Name)

Mysuta

3. Date

22-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr. Alejandro Palazzo

5. Manuscript Title

Crioablación con balón en fibrilación auricular paroxística. Experiencia inicial

6. Manuscript Identifying Number (if you know it)

6234

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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?

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