

## 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Agustín

2. Surname (Last Name)

Orosco

3. Date

27-August-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

La primera serie de 100 crioablaciones con catéter-balón en fibrilación auricular paroxística

6. Manuscript Identifying Number (if you know it)

6806

### 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.)?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Orosco has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

Giniger

3. Date

27-August-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Agustín Orosco

5. Manuscript Title

La primera serie de 100 crioablaciones con catéter-balón en fibrilación auricular paroxística

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)  
Gastón

2. Surname (Last Name)  
Albina

3. Date  
27-August-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Agustin Orosco

5. Manuscript Title

La primera serie de 100 crioablaciones con catéter-balón en fibrilación auricular paroxística

6. Manuscript Identifying Number (if you know it)  
6806

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# ICMJE

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)  
Santiago

2. Surname (Last Name)  
Rivera

3. Date  
27-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Agustin Orosco

5. Manuscript Title

La primera serie de 100 crioablaciones con catéter-balón en fibrilación auricular paroxística

6. Manuscript Identifying Number (if you know it)

6806

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Dr. Rivera has nothing to disclose.

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1. Given Name (First Name) Juan Manuel	2. Surname (Last Name) Vergara	3. Date 27-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Agustin Orosco
5. Manuscript Title La primera serie de 100 crioablaciones con catéter-balón en fibrilación auricular paroxística		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Víctor

2. Surname (Last Name)

Fontinier

3. Date

27-August-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Agustin Orosco

5. Manuscript Title

La primera serie de 100 crioablaciones con catéter-balón en fibrilación auricular paroxística

6. Manuscript Identifying Number (if you know it)

6806

### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Juan Pablo

2. Surname (Last Name)

Costabel

3. Date

27-August-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Agustin Orosco

5. Manuscript Title

La primera serie de 100 crioablaciones con catéter-balón en fibrilación auricular paroxística

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1. Given Name (First Name)

Fernando

2. Surname (Last Name)

Scazzuso

3. Date

27-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

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