

#### Instructions

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Aldo G.	rst Name)	2. Surname (Last Name) Carrizo	3. Date 04-September-2015
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Cierre percutáne		da para prevención tromboembólica en	fibrilación auricular. Experiencia inicial.
·	ntifying Number (if you		

7272

# 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.)?

✓ No

Are there any relevant conflicts of interest? Yes

# Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest?  $\checkmark$  Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Boston Scientific	$\checkmark$					

# Section 4. Intellectual Property -- Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes



# Section 5. Relationships not covered above

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Dr. Carrizo reports grants from Boston Scientific, outside the submitted work; .

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Madhu	2. Surname (Last Name) Natarajan		3. Date 04-September-2015
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Dr. Aldo G. Carrizo	ime
5. Manuscript Title Cierre percutáneo de orejuela izquierd	a para prevención tromb	oembólica en fibrilación aur	icular. Experiencia inicial.
6. Manuscript ldentifying Number (if you k 7272	now it)		
Section 2. The Work Under C	onsideration for Publ	lication	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, o		-

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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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Dr. Natarajan has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Sebastián	rst Name)	2. Surname (Last Name) Ribas	3. Date 04-Septe	mber-2015
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Dr. Aldo G. Carrizo	
5. Manuscript Title Cierre percutáne		da para prevención tromb	pembólica en fibrilación auricular. Expe	eriencia inicial.
6. Manuscript Ide 7272	ntifying Number (if you l	know it)	_	
Section 2.				
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✓ No

Yes

Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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Are there any relevant conflicts of interest?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	٧o
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Section 1. Identifying Inform	mation	
1. Given Name (First Name) James	2. Surname (Last Name) Velianou	3. Date 04-September-2015
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Dr. Aldo G. Carrizo
5. Manuscript Title Cierre percutáneo de orejuela izquiero	la para prevención tromb	oembólica en fibrilación auricular. Experiencia inicial.
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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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