

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.

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Section 1. Identifying Information

1. Given Name (First Name)

Gerardo O.

2. Surname (Last Name)

Zapata

3. Date

05-October-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Valor pronóstico del tamaño del infarto de miocardio cuantificado mediante spect gatillado

6. Manuscript Identifying Number (if you know it)

7130

Section 2. The Work Under Consideration for Publication

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Dr. Zapata has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jorge	2. Surname (Last Name) López	3. Date 05-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gerardo Zapata
5. Manuscript Title Valor pronóstico del tamaño del infarto de miocardio cuantificado mediante spect gatillado		
6. Manuscript Identifying Number (if you know it) 7130		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Miguel	2. Surname (Last Name) Hominal	3. Date 05-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gerardo Zapata
5. Manuscript Title Valor pronóstico del tamaño del infarto de miocardio cuantificado mediante spect gatillado		
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1. Given Name (First Name) Jaume	2. Surname (Last Name) Candell-Riera	3. Date 05-October-2015
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