

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)
Sebastian

2. Surname (Last Name)
Rizzone

3. Date
20-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Resolución Endovascular de Lesiones por Arma de Fuego en Región Cervical

6. Manuscript Identifying Number (if you know it)

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Dr. Rizzone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sergio

2. Surname (Last Name)
Zolorsa

3. Date
20-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sebastian Rizzone

5. Manuscript Title
Resolución Endovascular de Lesiones por Arma de Fuego en Región Cervical

6. Manuscript Identifying Number (if you know it)

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Dr. Zolorsa has nothing to disclose.

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1. Given Name (First Name)

Alvaro

2. Surname (Last Name)

Bordenave

3. Date

20-January-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Sebastian Rizzone

5. Manuscript Title

Resolución Endovascular de Lesiones por Arma de Fuego en Región Cervical

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1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Di Nanno

3. Date
20-January-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Sebastian Rizzone

5. Manuscript Title
Resolución Endovascular de Lesiones por Arma de Fuego en Región Cervical

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1. Given Name (First Name) Marina	2. Surname (Last Name) Baglioni	3. Date 20-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sebastian Rizzone
5. Manuscript Title Resolución Endovascular de Lesiones por Arma de Fuego en Región Cervical		
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