

## ICMJJE 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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Alejandro

2. Surname (Last Name)  
Peirone

3. Date  
16-December-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años

6. Manuscript Identifying Number (if you know it)  
7789

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Dr. Peirone has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Alejandro  | 2. Surname (Last Name)<br>Contreras                                 | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
| 5. Manuscript Title<br>Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años |   |  |
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Dr. Contreras has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Marcelo  | 2. Surname (Last Name)<br>Cabrera                                   | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
| 5. Manuscript Title<br>Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años |   |  |
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|--|---|--|
| 1. Given Name (First Name)<br>Adolfo Ferrero Guadagnoli  | 2. Surname (Last Name)<br>Cabrera                                   | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
| 5. Manuscript Title<br>Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años |   |  |
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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Anibal   | 2. Surname (Last Name)<br>Gentiletti                                | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Ana  | 2. Surname (Last Name)<br>Schroh                                    | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
| 5. Manuscript Title<br>Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>7789  |   |  |

### 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Schroh has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Lidia  | 2. Surname (Last Name)<br>Laghezza                                  | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
| 5. Manuscript Title<br>Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años |   |  |
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Are there any relevant conflicts of interest?  Yes  No

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Laghezza has nothing to disclose.

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Ignacio  | 2. Surname (Last Name)<br>Juaneda                                   | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
| 5. Manuscript Title<br>Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años |   |  |
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Juaneda has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Juan

2. Surname (Last Name)

Díaz

3. Date

16-December-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Alejandro Peirone

5. Manuscript Title

Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años

6. Manuscript Identifying Number (if you know it)

7789

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Dr. Díaz has nothing to disclose.

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Christian  | 2. Surname (Last Name)<br>Kreutzer                                  | 3. Date<br>16-December-2015                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Alejandro Peirone |
| 5. Manuscript Title<br>Implante de stents en ramas de arterias pulmonares en cardiopatias congenitas: experiencia multicéntrica en 10 años |   |  |
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