

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

### Section 1. Identifying Information

1. Given Name (First Name)  
Javier

2. Surname (Last Name)  
Mariani

3. Date  
24-February-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Prescripción facilitada de drogas antihipertensivas y disminución de la muerte prematura por accidente cerebrovascular

6. Manuscript Identifying Number (if you know it)

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Dr. Mariani 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) Marina	2. Surname (Last Name) Ridao	3. Date 24-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Mariani
5. Manuscript Title Prescripción facilitada de drogas antihipertensivas y disminución de la muerte prematura por accidente cerebrovascular		
6. Manuscript Identifying Number (if you know it)		

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Dr. Ridao has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Gabriel

2. Surname (Last Name)  
González

3. Date  
24-February-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Javier Mariani

5. Manuscript Title

Prescripción facilitada de drogas antihipertensivas y disminución de la muerte prematura por accidente cerebrovascular

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Dr. González has nothing to disclose.

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1. Given Name (First Name) Mauricio	2. Surname (Last Name) Monsalvo	3. Date 24-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Javier Mariani
5. Manuscript Title Prescripción facilitada de drogas antihipertensivas y disminución de la muerte prematura por accidente cerebrovascular		
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1. Given Name (First Name) Alejandro	2. Surname (Last Name) Macchia	3. Date 24-February-2016
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