

ICMJJE 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.

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)

Deviggiano

3. Date

27-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Espesores parietales y patrones de fibrosis en miocardiopatía hipertrófica evaluados con resonancia magnética cardíaca

6. Manuscript Identifying Number (if you know it)

7168

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Dr. Deviggiano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Patricia	2. Surname (Last Name) Carrascosa	3. Date 27-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Alejandro Deviggiano
5. Manuscript Title Espesores parietales y patrones de fibrosis en miocardiopatía hipertrófica evaluados con resonancia magnética cardíaca		
6. Manuscript Identifying Number (if you know it) 7168		

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1. Given Name (First Name) Macarena	2. Surname (Last Name) De Zan	3. Date 27-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Alejandro Deviggiano
5. Manuscript Title Espesores parietales y patrones de fibrosis en miocardiopatía hipertrófica evaluados con resonancia magnética cardíaca		
6. Manuscript Identifying Number (if you know it) 7168		

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1. Given Name (First Name) Carlos	2. Surname (Last Name) Capuñay	3. Date 27-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Alejandro Deviggiano
5. Manuscript Title Espesores parietales y patrones de fibrosis en miocardiopatía hipertrófica evaluados con resonancia magnética cardíaca		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gastón

2. Surname (Last Name)
Rodríguez Granillo

3. Date
27-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Alejandro Deviggiano

5. Manuscript Title
Espesores parietales y patrones de fibrosis en miocardiopatía hipertrófica evaluados con resonancia magnética cardíaca

6. Manuscript Identifying Number (if you know it)
7168

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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.)?

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Dr. Rodríguez Granillo has nothing to disclose.

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