

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Victoria

2. Surname (Last Name)  
Lafuente

3. Date  
23-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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Dr. Lafuente 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)

José

2. Surname (Last Name)

Alonso

3. Date

23-May-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

José

2. Surname (Last Name)

Pibernus

3. Date

23-May-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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Dr. Pibernus has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Francisco

2. Surname (Last Name)  
Comas

3. Date  
23-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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Claudia

2. Surname (Last Name)  
Villalba

3. Date  
23-May-2016

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5. Manuscript Title  
Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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**Royalties:** Funds are coming in to you or your institution due to your patent





## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mariela

2. Surname (Last Name)  
Mouratian

3. Date  
23-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

### 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. Mouratian has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Horacio

2. Surname (Last Name)  
Faella

3. Date  
23-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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Dr. Faella 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)  
Pablo

2. Surname (Last Name)  
Garcia Delucis

3. Date  
23-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

### 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.)?

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

Sciegata

3. Date

23-May-2016

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Horacio

2. Surname (Last Name)  
Capelli

3. Date  
23-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Intervenciones percutáneas en pacientes con circulación de Fontan

6. Manuscript Identifying Number (if you know it)

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