

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)
Margarita

2. Surname (Last Name)
Peradejordi Lastras

3. Date
23-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Peradejordi Lastras has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Liliana

2. Surname (Last Name)

Favaloro

3. Date

23-May-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

6. Manuscript Identifying Number (if you know it)

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Dr. Favaloro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Carlos

2. Surname (Last Name)
Vigliano

3. Date
23-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Maria

2. Surname (Last Name)
Renedo

3. Date
23-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

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Liliana

2. Surname (Last Name)

Martínez

3. Date

23-May-2016

4. Are you the corresponding author?

Yes No

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Silvia

2. Surname (Last Name)
Moscoloni

3. Date
23-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

6. Manuscript Identifying Number (if you know it)

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Dr. Moscoloni has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

José

2. Surname (Last Name)

Abud

3. Date

23-May-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Absi

3. Date
23-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Roberto

2. Surname (Last Name)
Favaloro

3. Date
23-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Resultados del trasplante cardíaco según el perfil clínico del receptor: 21 años de experiencia

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Alejandro

2. Surname (Last Name)
Bertolotti

3. Date
23-May-2016

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