

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)
Javier

2. Surname (Last Name)
Lopez Pais

3. Date
01-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hallazgo angiográfico inesperado: remanente de guía de angioplastia

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Lopez Pais 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)
Carlos

2. Surname (Last Name)
Martínez Peredo

3. Date
01-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hallazgo angiográfico inesperado: remanente de guía de angioplastia

6. Manuscript Identifying Number (if you know it)

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Dr. Martínez Peredo has nothing to disclose.

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1. Given Name (First Name)

Juan

2. Surname (Last Name)

Gorris Magaña

3. Date

01-July-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Joaquin

2. Surname (Last Name)
Alonso Martín

3. Date
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