

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)
Carlos

2. Surname (Last Name)
Soberanis Torruco

3. Date
01-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Leiomiocarcinoma primario cardíaco en una paciente embarazada

6. Manuscript Identifying Number (if you know it)

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Dr. Soberanis Torruco has nothing to disclose.

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Eder

2. Surname (Last Name)
Flores Lopez

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01-July-2016

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Dr. Flores Lopez has nothing to disclose.

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1. Given Name (First Name)

Luis

2. Surname (Last Name)

Arias Belarde

3. Date

01-July-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Dr. Arias Belarde has nothing to disclose.

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Luis

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Covarrubias Gil

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Corresponding Author's Name
Carlos Soberanis Torruco

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Hallazgo angiográfico inesperado: remanente de guía de angioplastia

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01-July-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Carlos Soberanis Torruco

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

6. Manuscript Identifying Number (if you know it)

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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. Guerrero Marin has nothing to disclose.

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