

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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Migliore 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ricardo	2. Surname (Last Name) Migliore	3. Date 01-July-2016
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Cupla ventrículo-arterial en la estenosis	s aórtica grave: relación con los síntomas e insuficien	cia cardíaca
6. Manuscript Identifying Number (if you kr 8714	now it)	
Section 2. The Work Under Co	onsideration for Publication	
	ive payment or services from a third party (government, cogo but not limited to grants, data monitoring board, study dest? Yes V No	
Section 3. Relevant financial	activities outside the submitted work.	
Place a check in the appropriate boxes in the appropriate boxes in the appropriate boxes in the compensation.	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 i	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrights	
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Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	x?

Migliore 2



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Dr. Migliore has	nothing to disclose.

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Migliore 3



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Adaniya 1



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1. Given Name (Firs María E.	st Name)	2. Surname (Last Name) Adaniya	3. Date 01-July-2016
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Dr. Ricardo Migliore
5. Manuscript Title Cupla ventrículo-	arterial en la estenosis	aórtica grave: relación co	n los síntomas e insuficiencia cardíaca
6. Manuscript Ident 8714	tifying Number (if you kn	ow it)	
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Adaniya 2



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Barranco 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr. Ricardo Migliore
5. Manuscript Title Cupla ventrículo		aórtica grave: relación co	n los síntomas e insuficiencia cardíaca
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Barranco 2



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Dorsch 1



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4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Name Dr. Ricardo Migliore
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Dorsch 2



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Miramont 1



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González 1



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6. Manuscript Ider 8714	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

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Section 5.	Relationships not covered above
	neiationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the followi	ing relationships/conditions/circumstances are present (explain below):
✓ No other relation	onships/conditions/circumstances that present a potential conflict of interest
	suscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements als may ask authors to disclose further information about reported relationships.
Section 6.	
Section 6.	Disclosure Statement
Based on the above below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. González has n	nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Inform	mation		
1. Given Name (First Name) Horacio	2. Surname (Last Name) Tamagusuku	3. Date 01-July-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. Ricardo Migliore	
5. Manuscript Title Cupla ventrículo-arterial en la estenos	is aórtica grave: relación co	n los síntomas e insuficiencia cardíaca	
6. Manuscript Identifying Number (if you k	know it)	_	
Section 2. The Work Under Consideration for Publication			
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Section 3. Relevant financia	l activities outside the s	submitted work.	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

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Section 5.	Deletionships not serveyed above	
	Relationships not covered above	
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Sactions		
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