

## 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) Quirino	2. Surname (Last Name) Ciampi	3. Date 01-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Eugenio Picano
5. Manuscript Title Viabilidad del eco-stress vasodilatador de triple imagen en pacientes con sospecha de enfermedad coronaria		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Ciampi 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)  
Marco

2. Surname (Last Name)  
Paterni

3. Date  
01-July-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr. Eugenio Picano

5. Manuscript Title  
Viabilidad del eco-stress vasodilatador de triple imagen en pacientes con sospecha de enfermedad coronaria

6. Manuscript Identifying Number (if you know it)

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Dr. Paterni has nothing to disclose.

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1. Given Name (First Name)  
Bruno

2. Surname (Last Name)  
Villari

3. Date  
01-July-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Eugenio Picano

5. Manuscript Title

Viabilidad del eco-stress vasodilatador de triple imagen en pacientes con sospecha de enfermedad coronaria

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Eugenio

2. Surname (Last Name)  
Picano

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01-July-2016

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