

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Inés

2. Surname (Last Name)

Abella

3. Date

23-May-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Prueba de ejercicio cardiopulmonar en niños sanos

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



# ICMJE

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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### Section 5.

#### Relationships not covered above

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Dr. Abella 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)

Alejandro

2. Surname (Last Name)

Tocci

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Inés Abella

5. Manuscript Title

Prueba de ejercicio cardiopulmonar en niños sanos

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)  
Diego

2. Surname (Last Name)  
Iglesias

3. Date  
23-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Inés Abella

5. Manuscript Title  
Prueba de ejercicio cardiopulmonar en niños sanos

6. Manuscript Identifying Number (if you know it)

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Dr. Iglesias has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Claudio

2. Surname (Last Name)

Moros

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Inés Abella

5. Manuscript Title

Prueba de ejercicio cardiopulmonar en niños sanos

6. Manuscript Identifying Number (if you know it)

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Dr. Moros has nothing to disclose.

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Alberto

2. Surname (Last Name)

Leveroni

3. Date

23-May-2016

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☐ Yes ☒ No

Corresponding Author's Name

Inés Abella

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Dr. Leveroni has nothing to disclose.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mirta

2. Surname (Last Name)  
Calatayud

3. Date  
23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Inés Abella

5. Manuscript Title  
Prueba de ejercicio cardiopulmonar en niños sanos

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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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### Section 1. Identifying Information

1. Given Name (First Name)

Karina

2. Surname (Last Name)

Anatrella

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Inés Abella

5. Manuscript Title

Prueba de ejercicio cardiopulmonar en niños sanos

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### Section 1. Identifying Information

1. Given Name (First Name)

Maria

2. Surname (Last Name)

Grippo

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Inés Abella

5. Manuscript Title

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