

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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)  
Claudia N.

2. Surname (Last Name)  
Villalba

3. Date  
23-May-2016

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Cirugía de switch arterial: evolución alejada

6. Manuscript Identifying Number (if you know it)  
7889

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

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Dr. Villalba has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

María V.

2. Surname (Last Name)

Lafuente

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dra. Claudia N. Villalba

5. Manuscript Title

Cirugía de switch arterial: evolución alejada

6. Manuscript Identifying Number (if you know it)

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Mariela

2. Surname (Last Name)

Mouratian

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dra. Claudia N. Villalba

5. Manuscript Title

Cirugía de switch arterial: evolución alejada

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Alejandra

2. Surname (Last Name)

Villa

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dra. Claudia N. Villalba

5. Manuscript Title

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Marisa

2. Surname (Last Name)

Di Santo

3. Date

23-May-2016

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☒ No

Corresponding Author's Name

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

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Laura

2. Surname (Last Name)

Alvarez

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dra. Claudia N. Villalba

5. Manuscript Title

Cirugía de switch arterial: evolución alejada

6. Manuscript Identifying Number (if you know it)

7889

### 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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Alvarez 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)  
Erica

2. Surname (Last Name)  
Stelmaszewski

3. Date  
23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dra. Claudia N. Villalba

5. Manuscript Title  
Cirugía de switch arterial: evolución alejada

6. Manuscript Identifying Number (if you know it)  
7889

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

### Section 3. Relevant financial activities outside the submitted work.

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

### Section 4. Intellectual Property -- Patents & Copyrights

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



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### Section 5.

#### Relationships not covered above

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Stelmaszewski 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) Pablo	2. Surname (Last Name) García Delucis	3. Date 23-May-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dra. Claudia N. Villalba
5. Manuscript Title Cirugía de switch arterial: evolución alejada		
6. Manuscript Identifying Number (if you know it) 7889		

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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. García Delucis 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)

Alberto

2. Surname (Last Name)

Sciegata

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dra. Claudia N. Villalba

5. Manuscript Title

Cirugía de switch arterial: evolución alejada

6. Manuscript Identifying Number (if you know it)

7889

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

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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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sciegata 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)

Horacio

2. Surname (Last Name)

Capelli

3. Date

23-May-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dra. Claudia N. Villalba

5. Manuscript Title

Cirugía de switch arterial: evolución alejada

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7889

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

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Dr. Capelli has nothing to disclose.

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