

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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Section 1.	Identifying Information			
1. Given Name (First Name) Eli		2. Surname (Last Name) Arado	3. Date 13-October-2016	
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title Pericarditis constrictiva crónica tras cirugía cardiovascular				
6. Manuscript Ider	ntifying Number (if you kr	now it)		

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Dr. Arado has nothing to disclose.

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1. Given Name (Fi Luis	rst Name)	2. Surname (Last Name) Mantilla	3. Date 13-October-2016	
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