

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)
Jorge

2. Surname (Last Name)
Bilbao

3. Date
24-February-2017

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

5. Manuscript Title
Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

6. Manuscript Identifying Number (if you know it)

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Dr. Bilbao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ignacio

2. Surname (Last Name)

Bluro

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

José

2. Surname (Last Name)

Bonorino

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

6. Manuscript Identifying Number (if you know it)

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Jorge

2. Surname (Last Name)

Cáneva

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24-February-2017

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☐ Yes ☐ No

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Marcelo

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Casey

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24-February-2017

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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)

José

2. Surname (Last Name)

Ceresetto

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

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

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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Dr. Ceresetto 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)

Guillermo

2. Surname (Last Name)

Jaimovich

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

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Dr. Jaimovich 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)

Adrián

2. Surname (Last Name)

Lescano

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

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Dr. Lescano 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)
Miguel

2. Surname (Last Name)
González

3. Date
24-February-2017

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

5. Manuscript Title
Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

6. Manuscript Identifying Number (if you know it)

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Dr. González has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Nicolás

2. Surname (Last Name)

González

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

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1. Given Name (First Name)

Mario César

2. Surname (Last Name)

Spennato

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

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Dr. Spennato has nothing to disclose.

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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".

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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.

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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

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1. Given Name (First Name)

Jorge

2. Surname (Last Name)

Ubal dini

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Norberto

2. Surname (Last Name)

Vulcano

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Consenso de Enfermedad Tromboembólica Crónica, Profilaxis y Situaciones Especiales

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

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