

## 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)

Michael V.

2. Surname (Last Name)

Da Silva

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

6. Manuscript Identifying Number (if you know it)

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

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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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MEDICAL JOURNAL EDITORS

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Dr. Da Silva 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)

Adriano A.

2. Surname (Last Name)

Mendes

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

6. Manuscript Identifying Number (if you know it)

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Dr. Mendes 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)  
Clodoval B.

2. Surname (Last Name)  
Pereira Jr

3. Date  
24-February-2017

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

5. Manuscript Title  
Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

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)  
Carlos G.

2. Surname (Last Name)  
Rocal

3. Date  
24-February-2017

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

5. Manuscript Title  
Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

6. Manuscript Identifying Number (if you know it)

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Dr. Rocal has nothing to disclose.

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Carlos A. M.

2. Surname (Last Name)

Silveira

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

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Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

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Dr. Silveira 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)

Emilio S.

2. Surname (Last Name)

de Albuquerque

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

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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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. de Albuquerque 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)

José M.

2. Surname (Last Name)

Del Castillo

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

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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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. Del Castillo 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)

Ángela P.

2. Surname (Last Name)

Bandeira

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

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Dr. Bandeira 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)

Diana P.

2. Surname (Last Name)

Lamprea

3. Date

24-February-2017

4. Are you the corresponding author?

☐ Yes ☐ No

5. Manuscript Title

Ventrículo derecho: evaluación ecocardiográfica de las sobrecargas de presión y de volumen

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