

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Marcelo

2. Surname (Last Name)
Rodríguez

3. Date
08-February-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pablo Corral

5. Manuscript Title
Lipoproteína "a": elevaciones extremas y polimorfismos genéticos, asociación con lesiones cardíacas y vasculares evaluadas por tomografía

6. Manuscript Identifying Number (if you know it)

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Dr. Rodríguez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Silvana	2. Surname (Last Name) Quintana	3. Date 08-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pablo Corral
5. Manuscript Title Lipoproteína "a": elevaciones extremas y polimorfismos genéticos, asociación con lesiones cardíacas y vasculares evaluadas por tomografía		
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1. Given Name (First Name) Diego	2. Surname (Last Name) Quirós	3. Date 08-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pablo Corral
5. Manuscript Title Lipoproteína "a": elevaciones extremas y polimorfismos genéticos, asociación con lesiones cardíacas y vasculares evaluadas por tomografía		
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Augusto

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Sigismondi

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