

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Gastón

2. Surname (Last Name)
Albina

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Albina 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)

María de los Milagros

2. Surname (Last Name)

Caro

3. Date

07-August-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

Giniger

3. Date

07-August-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Ignacio

2. Surname (Last Name)
Mondragón

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)
Agustín

2. Surname (Last Name)
Orosco

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

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Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

6. Manuscript Identifying Number (if you know it)

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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. Rivera 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)
Fernando

2. Surname (Last Name)
Scazzuso

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Leandro

2. Surname (Last Name)

Tomas

3. Date

07-August-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

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)
Nicolás

2. Surname (Last Name)
Vecchio

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Predictores de recurrencia y resultados en la ablación de la Fibrilación Auricular Paroxística

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Juan

2. Surname (Last Name)

Vergara

3. Date

07-August-2017

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Yes No

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