

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)
Ariel

2. Surname (Last Name)
Saad

3. Date
14-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Uso de betabloqueantes endovenosos en el ecocardiograma estrés con dobutamina

6. Manuscript Identifying Number (if you know it)

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Dr. Saad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jorge	2. Surname (Last Name) Lowenstein	3. Date 14-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ariel Saad
5. Manuscript Title Uso de betabloqueantes endovenosos en el ecocardiograma estrés con dobutamina		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Dr. Lowenstein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Carlos

2. Surname (Last Name)
Porley

3. Date
14-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ariel Saad

5. Manuscript Title
Uso de betabloqueantes endovenosos en el ecocardiograma estrés con dobutamina

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1. Given Name (First Name) Sergio	2. Surname (Last Name) Veloso	3. Date 14-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ariel Saad
5. Manuscript Title Uso de betabloqueantes endovenosos en el ecocardiograma estrés con dobutamina		
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Gustavo

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Zambrana

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Yes No

Corresponding Author's Name
Ariel Saad

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