

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)
Alejandro E.

2. Surname (Last Name)
Contreras

3. Date
09-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Accidente cerebrovascular isquémico en pacientes con cierre percutáneo del foramen oval permeable

6. Manuscript Identifying Number (if you know it)

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Dr. Contreras 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)

Adolfo

2. Surname (Last Name)

Ferrero Guadagnoli

3. Date

09-August-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Alejandro E. Contreras

5. Manuscript Title

Accidente cerebrovascular isquémico en pacientes con cierre percutáneo del foramen oval permeable

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Dr. Ferrero Guadagnoli has nothing to disclose.

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1. Given Name (First Name)
Matias

2. Surname (Last Name)
Martinez

3. Date
09-August-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Alejandro E. Contreras

5. Manuscript Title
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Dr. Martinez has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Jonathan | 2. Surname (Last Name) Miara Lopez | 3. Date 09-August-2017 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Alejandro E. Contreras |
| 5. Manuscript Title Accidente cerebrovascular isquémico en pacientes con cierre percutáneo del foramen oval permeable | | |
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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------|
| pfm Medical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | MD Consultor |

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