

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)
Mauricio

2. Surname (Last Name)
Dilascio

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirugía de reparación biventricular en pacientes con transposición de los grandes vasos, comunicación interventricular y estenosis pulmonar: ¿RASTELLI, NIKAI DOH, REV?

6. Manuscript Identifying Number (if you know it)

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Dr. Dilascio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Pablo

2. Surname (Last Name)
García Delucis

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirugía de reparación biventricular en pacientes con transposición de los grandes vasos, comunicación interventricular y estenosis pulmonar: ¿RASTELLI, NIKAI DOH, REV?

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Dr. García Delucis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
María

2. Surname (Last Name)
Lafuente

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirugía de reparación biventricular en pacientes con transposición de los grandes vasos, comunicación interventricular y estenosis pulmonar: ¿RASTELLI, NIKAIKIDOH, REV?

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1. Given Name (First Name)
Mariela

2. Surname (Last Name)
Mouratian

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Section 1. Identifying Information

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Claudia

2. Surname (Last Name)
Villalba

3. Date
07-August-2017

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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
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirugía de reparación biventricular en pacientes con transposición de los grandes vasos, comunicación interventricular y estenosis pulmonar: ¿RASTELLI, NIKAI DOH, REV?

6. Manuscript Identifying Number (if you know it)

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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

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Dr. Saad 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)
Jorge

2. Surname (Last Name)
Barretta

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirugía de reparación biventricular en pacientes con transposición de los grandes vasos, comunicación interventricular y estenosis pulmonar: ¿RASTELLI, NIKAI DOH, REV?

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Dr. Barretta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Horacio

2. Surname (Last Name)
Capelli

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirugía de reparación biventricular en pacientes con transposición de los grandes vasos, comunicación interventricular y estenosis pulmonar: ¿RASTELLI, NIKAIKIDOH, REV?

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)
Alberto

2. Surname (Last Name)
Sciegata

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cirugía de reparación biventricular en pacientes con transposición de los grandes vasos, comunicación interventricular y estenosis pulmonar: ¿RASTELLI, NIKAI DOH, REV?

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Laila

2. Surname (Last Name)
Tasat

3. Date
07-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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