

Instructions

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| Section 1. Identifying | Information | |
|--------------------------------------|----------------------------------|---------------------------|
| 1. Given Name (First Name) Gastón | 2. Surname (Last Name) Albina | 3. Date 30-August-2017 |
| 4. Are you the corresponding auth | nor? 🖌 Yes 🗌 No | |
| 5 Manuscrint Title | | |

5. Manuscript Litle

Implante de resincronizador cardíaco en pacientes con alto porcentaje de estimulación en ventrículo derecho e insuficiencia cardíaca refractaria

6. Manuscript Identifying Number (if you know it)

Section 2. **The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

✓ No

Are there any relevant conflicts of interest? Yes

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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 | \checkmark | No | |
|--|-----|--------------|----|--|
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Dr. Albina has nothing to disclose.

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| 1. Given Name (First Alberto | Name) | 2. Surname (Last Name) Giniger | 3. Date 30-Augus | st-2017 |
| 4. Are you the corre | sponding author? | Yes 🖌 No | Corresponding Author's Name Gastón Albina | |
| 5. Manuscript Title Implante de resinc cardíaca refractaria | | en pacientes con alto po | centaje de estimulación en ventrículo d | erecho e insuficiencia |
| 6. Manuscript Identi | fying Number (if you | know it) | | |

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| Section 1. Identifying Inform | nation | |
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| 1. Given Name (First Name) Ignacio | 2. Surname (Last Name) Mondragón | 3. Date 30-August-2017 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Gastón Albina |
| 5. Manuscript Title Implante de resincronizador cardíaco e cardíaca refractaria | n pacientes con alto poro | entaje de estimulación en ventrículo derecho e insuficiencia |
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|---|-------------------------|----------------------------------|--|-----------------------------------|
| 1. Given Name (Fir Santiago | rst Name) | 2. Surname (Last Name) Rivera | | 3. Date 30-August-2017 |
| 4. Are you the corr | responding author? | Yes 🖌 No | Corresponding Author's Na Gastón Albina | me |
| 5. Manuscript Title Implante de resir cardíaca refracta | ncronizador cardíaco | en pacientes con alto por | centaje de estimulación en v | entrículo derecho e insuficiencia |
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| Section 1. Identifying Inform | nation | |
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| 1. Given Name (First Name) Fernando | 2. Surname (Last Name) Scazzuso | 3. Date 30-August-2017 |
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| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Na Gastón Albina | me |
| 5. Manuscript Title Implante de resil cardíaca refracta | ncronizador cardíaco | en pacientes con alto por | centaje de estimulación en v | entrículo derecho e insuficiencia |
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Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

✓ No

Are there any relevant conflicts of interest? Yes

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vecchio has nothing to disclose.

Evaluation and Feedback