

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Patricia

2. Surname (Last Name)  
Avellana

3. Date  
28-December-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Avellana 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)

Marco

2. Surname (Last Name)

García Aurelio

3. Date

28-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Patricia Avellana

5. Manuscript Title

Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3

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Dr. García Aurelio has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Horacio

2. Surname (Last Name)

Zylbersztejn

3. Date

28-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Patricia Avellana

5. Manuscript Title

Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3

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Dr. Zylbersztejn has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Horacio	2. Surname (Last Name) Casabé	3. Date 28-December-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Patricia Avellana
5. Manuscript Title Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3		
6. Manuscript Identifying Number (if you know it)  		

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Dr. Casabé has nothing to disclose.

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1. Given Name (First Name) Mario	2. Surname (Last Name) Spenatto	3. Date 28-December-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Patricia Avellana
5. Manuscript Title Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3		
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# ICMJE

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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#### Relationships not covered above

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Dr. Spenatto has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lucía

2. Surname (Last Name)

Kazelián

3. Date

28-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Patricia Avellana

5. Manuscript Title

Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kazelián has nothing to disclose.

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sandra

2. Surname (Last Name)  
Swieszkowski

3. Date  
28-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Natalia Rukavina Mikusic

5. Manuscript Title  
Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3

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Dr. Swieszkowski 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) Francisco	2. Surname (Last Name) Nacinovich	3. Date 28-December-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Patricia Avellana
5. Manuscript Title Endocarditis infecciosa en la República Argentina. Resultados del estudio EIRA 3		
6. Manuscript Identifying Number (if you know it)  		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer, MSD, Sanofi Pasteur, Seqirus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Dr. Nacinovich reports non-financial support from Pfizer, MSD, Sanofi Pasteur, Seqirus, outside the submitted work; .

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