

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)

Guillermo

2. Surname (Last Name)

Giacomi

3. Date

28-December-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Aneurisma gigante de arteria coronaria derecha

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Giacomi 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) Arturo	2. Surname (Last Name) Delacasa	3. Date 28-December-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Guillermo Giacomi
5. Manuscript Title Aneurisma gigante de arteria coronaria derecha		
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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Dr. Delacasa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

Fucaraci

3. Date

28-December-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Guillermo Giacomi

5. Manuscript Title

Aneurisma gigante de arteria coronaria derecha

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Dr. Fucaraci has nothing to disclose.

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Pablo M.

2. Surname (Last Name)

Rodriguez

3. Date

28-December-2017

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☐ Yes

☒ No

Corresponding Author's Name

Guillermo Giacomi

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Dr. Rodriguez has nothing to disclose.

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Marcelo

2. Surname (Last Name)

Martínez Peralta

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☐ Yes

☒ No

Corresponding Author's Name

Guillermo Giacomi

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Dr. Martínez Peralta has nothing to disclose.

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