

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Fernando

2. Surname (Last Name)
Cohen

3. Date
05-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fernando Vincenti

5. Manuscript Title

Angioplastia coronaria en pacientes octogenarios. Resultados alejados y predictores de mal pronóstico

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Dr. Cohen has nothing to disclose.

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Gabriel A.

2. Surname (Last Name)
Kosmatos

3. Date
05-February-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Claudia Portelli

5. Manuscript Title
Muerte súbita cardíaca secundaria a sarcoidosis

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1. Given Name (First Name)
Rafael

2. Surname (Last Name)
Portaluppi

3. Date
05-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Fernando Vincenti

5. Manuscript Title

Angioplastia coronaria en pacientes octogenarios. Resultados alejados y predictores de mal pronóstico

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Claudia M.

2. Surname (Last Name)
Portelli

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05-February-2018

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1. Given Name (First Name) Ignacio	2. Surname (Last Name) Seropian	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fernando Vincenti
5. Manuscript Title Angioplastia coronaria en pacientes octogenarios. Resultados alejados y predictores de mal pronóstico		
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2. Surname (Last Name)
Vincenti

3. Date
05-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Angioplastia coronaria en pacientes octogenarios. Resultados alejados y predictores de mal pronóstico

6. Manuscript Identifying Number (if you know it)

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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.)?

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