

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)
Braian

2. Surname (Last Name)
Cardinali Re

3. Date
05-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Metástasis cardíaca sintomática intracavitaria 12 años después del diagnóstico de cáncer de mama

6. Manuscript Identifying Number (if you know it)

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Dr. Cardinali Re has nothing to disclose.

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1. Given Name (First Name) Diego	2. Surname (Last Name) Echazarreta	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Braian Cardinali Re
5. Manuscript Title Metástasis cardíaca sintomática intracavitaria 12 años después del diagnóstico de cáncer de mama		
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1. Given Name (First Name) Leonardo	2. Surname (Last Name) Mancini	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Braian Cardinali Re
5. Manuscript Title Metástasis cardíaca sintomática intracavitaria 12 años después del diagnóstico de cáncer de mama		
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1. Given Name (First Name) Federico	2. Surname (Last Name) Olgiati	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Braian Cardinali Re
5. Manuscript Title Metástasis cardíaca sintomática intracavitaria 12 años después del diagnóstico de cáncer de mama		
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Lucía M.

2. Surname (Last Name)
Ortiz

3. Date
05-February-2018

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Corresponding Author's Name
Braian Cardinali Re

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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5. Manuscript Title Metástasis cardíaca sintomática intracavitaria 12 años después del diagnóstico de cáncer de mama		
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Dr. Portis has nothing to disclose.

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