

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Javier C.	2. Surname (Last Name) Barcos	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ivan Tello Santacruz
5. Manuscript Title Implante de cardiodesfibrilador subcutáneo en paciente con miocardiopatía		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Barcos has nothing to disclose.

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1. Given Name (First Name)
César

2. Surname (Last Name)
Cáceres Monié

3. Date
05-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ivan Tello Santacruz

5. Manuscript Title
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Esteban

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Ludueña Clos

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1. Given Name (First Name)

Ivan A.

2. Surname (Last Name)

Tello Santacruz

3. Date

05-February-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Implante de cardiodesfibrilador subcutáneo en paciente con miocardiopatía

6. Manuscript Identifying Number (if you know it)

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Dr. Tello Santacruz has nothing to disclose.

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