

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)
Daniel

2. Surname (Last Name)
Berrocal

3. Date
16-May-2018

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

5. Manuscript Title
Comportamiento mecánico ante la sobre-expansión de stents de cromo-cobalto comparados con stents de acero inoxidable, implantados en la aorta abdominal de conejos hipercolesterolémicos

6. Manuscript Identifying Number (if you know it)

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ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Dr. Berrocal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Olmedo

3. Date
16-May-2018

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)

Ricardo

2. Surname (Last Name)

Gelpi

3. Date

16-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Comportamiento mecánico ante la sobre-expansión de stents de cromo-cobalto comparados con stents de acero inoxidable, implantados en la aorta abdominal de conejos hipercolesterolémicos

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Section 1. Identifying Information

1. Given Name (First Name)
Sandra

2. Surname (Last Name)
Renou

3. Date
16-May-2018

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

5. Manuscript Title
Comportamiento mecánico ante la sobre-expansión de stents de cromo-cobalto comparados con stents de acero inoxidable, implantados en la aorta abdominal de conejos hipercolesterolémicos

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Alejandro

2. Surname (Last Name)

Fernández

3. Date

16-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Information

1. Given Name (First Name)
Esteban

2. Surname (Last Name)
Mele

3. Date
16-May-2018

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

5. Manuscript Title
Comportamiento mecánico ante la sobre-expansión de stents de cromo-cobalto comparados con stents de acero inoxidable, implantados en la aorta abdominal de conejos hipercolesterolémicos

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**.

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mele has nothing to disclose.

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