

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

María

2. Surname (Last Name)

Adaniya

3. Date

16-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Estrés parietal diastólico en la estenosis aórtica grave con fracción de eyección preservada: Relación con la insuficiencia cardíaca

6. Manuscript Identifying Number (if you know it)

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Dr. Adaniya 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)

Horacio

2. Surname (Last Name)

Tamagosuku

3. Date

16-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Estrés parietal diastólico en la estenosis aórtica grave con fracción de eyección preservada: Relación con la insuficiencia cardíaca

6. Manuscript Identifying Number (if you know it)

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Dr. Tamagosuku has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Guillermo

2. Surname (Last Name)

Miramont

3. Date

16-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Estrés parietal diastólico en la estenosis aórtica grave con fracción de eyección preservada: Relación con la insuficiencia cardíaca

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Miguel

2. Surname (Last Name)
Barranco

3. Date
16-May-2018

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

5. Manuscript Title
Estrés parietal diastólico en la estenosis aórtica grave con fracción de eyección preservada: Relación con la insuficiencia cardíaca

6. Manuscript Identifying Number (if you know it)

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Dr. Barranco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Silvia

2. Surname (Last Name)
González

3. Date
16-May-2018

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

5. Manuscript Title
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Dr. González has nothing to disclose.

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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

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)

Ricardo

2. Surname (Last Name)

Migliore

3. Date

16-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Estrés parietal diastólico en la estenosis aórtica grave con fracción de eyección preservada: Relación con la insuficiencia cardíaca

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

Section 3. Relevant financial activities outside the submitted work.

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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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Section 6.

Disclosure Statement

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

Dr. Migliore has nothing to disclose.

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