

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

L. Mariano

2. Surname (Last Name)

Ferreira

3. Date

16-May-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Tratamiento endovascular de aneurismas aórticos con anatomía compleja proximaltranscatéter

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Ferreira has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Miguel

2. Surname (Last Name)
Ferrer

3. Date
16-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
L. Mariano Ferreira

5. Manuscript Title

Tratamiento endovascular de aneurismas aórticos con anatomía compleja proximaltranscatéter

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Ricardo

2. Surname (Last Name)

La Mura

3. Date

16-May-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

L. Mariano Ferreira

5. Manuscript Title

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Ángel

2. Surname (Last Name)

Zambrano

3. Date

16-May-2018

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☐ Yes

☒ No

Corresponding Author's Name

L. Mariano Ferreira

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