

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Marcelo

2. Surname (Last Name)  
Benitez

3. Date  
16-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Prevalencia de factores de riesgo en los concurrentes a la "Semana de la prevención cardiovascular" en un hospital universitario

6. Manuscript Identifying Number (if you know it)

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Dr. Benitez 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)

Raúl

2. Surname (Last Name)

Borracci

3. Date

16-May-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Prevalencia de factores de riesgo en los concurrentes a la "Semana de la prevención cardiovascular" en un hospital universitario

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mauro

2. Surname (Last Name)  
Giacomini

3. Date  
16-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Prevalencia de factores de riesgo en los concurrentes a la "Semana de la prevención cardiovascular" en un hospital universitario

6. Manuscript Identifying Number (if you know it)

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Dr. Giacomini 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)  
Felix

2. Surname (Last Name)  
Ramirez

3. Date  
16-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Prevalencia de factores de riesgo en los concurrentes a la "Semana de la prevención cardiovascular" en un hospital universitario

6. Manuscript Identifying Number (if you know it)

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Dr. Ramirez has nothing to disclose.

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Matias

2. Surname (Last Name)  
Ríos

3. Date  
16-May-2018

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5. Manuscript Title  
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**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**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





## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Walter

2. Surname (Last Name)  
Rodríguez

3. Date  
16-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Prevalencia de factores de riesgo en los concurrentes a la "Semana de la prevención cardiovascular" en un hospital universitario

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

Dr. Rodríguez has nothing to disclose.

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