

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 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)  
Sara

2. Surname (Last Name)  
Berensztein

3. Date  
16-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio Dávalos

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. Berensztein has nothing to disclose.

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1. Given Name (First Name)  
Diego

2. Surname (Last Name)  
Costa

3. Date  
16-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio Dávalos

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Claudio

2. Surname (Last Name)  
Dominguez

3. Date  
16-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio Dávalos

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

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Dr. Dominguez has nothing to disclose.

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1. Given Name (First Name)  
Diego

2. Surname (Last Name)  
Costa

3. Date  
16-May-2018

4. Are you the corresponding author?  Yes  No

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

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Carolina

2. Surname (Last Name)  
La Mura

3. Date  
16-May-2018

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Yes  No

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Ignacio Dávalos

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Dr. La Mura 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

**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)  
Mirta

2. Surname (Last Name)  
Lobianco

3. Date  
16-May-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio Dávalos

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

### Section 3. Relevant financial activities outside the submitted work.

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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. Lobianco has nothing to disclose.

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