

## 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)  
Mariano

2. Surname (Last Name)  
Ferreira

3. Date  
16-May-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Tratamiento de la disección aórtica crónica complicada mediante la embolización de la falsa luz distal

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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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

5. Manuscript Title  
Tratamiento de la disección aórtica crónica complicada mediante la embolización de la falsa luz distal

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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

5. Manuscript Title  
Tratamiento de la disección aórtica crónica complicada mediante la embolización de la falsa luz distal

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1. Given Name (First Name)

Ángel

2. Surname (Last Name)

Zambrano

3. Date

16-May-2018

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Yes  No

5. Manuscript Title

Tratamiento de la disección aórtica crónica complicada mediante la embolización de la falsa luz distal

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