

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Marcelo 2. Surname (Last Name) Trivi 3. Date 04-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prospective Registry of Antithrombotic Therapy in Acute Coronary Syndromes (EPICOR)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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Dr. Trivi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alejandro 2. Surname (Last Name) Lakowsky 3. Date 04-January-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Marcelo Trivi

5. Manuscript Title
Prospective Registry of Antithrombotic Therapy in Acute Coronary Syndromes (EPICOR)

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AztraZeneca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee

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Dr. Lakowsky reports other from Aztrazeneca, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Cecilia 2. Surname (Last Name) Zeballos 3. Date 04-January-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name Marcelo Trivi

5. Manuscript Title Prospective Registry of Antithrombotic Therapy in Acute Coronary Syndromes (EPICOR)

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1. Given Name (First Name) Ernesto 2. Surname (Last Name) Duronto 3. Date 04-January-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Marcelo Trivi

5. Manuscript Title
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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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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) Carlos 2. Surname (Last Name) Rapallo 3. Date 04-January-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Marcelo Trivi

5. Manuscript Title
Prospective Registry of Antithrombotic Therapy in Acute Coronary Syndromes (EPICOR)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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Dr. Rapallo has nothing to disclose.

Evaluation and Feedback

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Instructions

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