

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ignacio M.

2. Surname (Last Name)
Cigalini

3. Date
04-January-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
In-Hospital and 30-Day Mortality After Percutaneous Aortic Valve Implantation.
Usefulness of Different Surgical Risk Scores

6. Manuscript Identifying Number (if you know it)

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Dr. Cigalini has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ezequiel José

2. Surname (Last Name)

Zaidel

3. Date

04-January-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ignacio Cigalini

5. Manuscript Title

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Dr. Zaidel has nothing to disclose.

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1. Given Name (First Name)
Ricardo

2. Surname (Last Name)
Villareal

3. Date
04-January-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ignacio Cigalini

5. Manuscript Title
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Marcelo

2. Surname (Last Name)
Bettinotti

3. Date
04-January-2019

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Yes No

Corresponding Author's Name
Ignacio Cigalini

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Alvaro

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Sosa Liprandi

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04-January-2019

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Corresponding Author's Name

Ignacio Cigalini

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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)
Matías

2. Surname (Last Name)
Sztejzman

3. Date
04-January-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ignacio Cigalini

5. Manuscript Title
In-Hospital and 30-Day Mortality After Percutaneous Aortic Valve Implantation.
Usefulness of Different Surgical Risk Scores

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Szejfman 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)
Yunes

2. Surname (Last Name)
V́ctor

3. Date
04-January-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ignacio Cigalini

5. Manuscript Title
Surgical Treatment of Chagasic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Víctor 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) Edgar | 2. Surname (Last Name) Aguilar | 3. Date 04-January-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ignacio Cigalini |
| 5. Manuscript Title Surgical Treatment of Chagasic Cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 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) Ernesto | 2. Surname (Last Name) Bravo | 3. Date 04-January-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Ignacio Cigalini |
| 5. Manuscript Title Surgical Treatment of Chagasic Cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 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)
Fernando

2. Surname (Last Name)
Moll

3. Date
04-January-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ignacio Cigalini

5. Manuscript Title
Surgical Treatment of Chagasic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Germán

2. Surname (Last Name)
Chaud

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04-January-2019

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Corresponding Author's Name
Ignacio Cigalini

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

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