

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)
Sandra

2. Surname (Last Name)
Swieszkowski

3. Date
11-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Maltrato en la formación médica: situación en las residencias de cardiología

6. Manuscript Identifying Number (if you know it)

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Dr. Swieszkowski has nothing to disclose.

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1. Given Name (First Name)

Ernesto

2. Surname (Last Name)

Duronto

3. Date

11-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Maltrato en la formación médica: situación en las residencias de cardiología

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Amanda

2. Surname (Last Name)

Galli

3. Date

11-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Maltrato en la formación médica: situación en las residencias de cardiología

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Mirta

2. Surname (Last Name)
Lobianco

3. Date
11-December-2019

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5. Manuscript Title
Maltrato en la formación médica: situación en las residencias de cardiología

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1. Given Name (First Name)

Marisa

2. Surname (Last Name)

Pages

3. Date

11-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Susana

2. Surname (Last Name)

Lapresa

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2. Surname (Last Name)

Kazelián

3. Date

11-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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2. Surname (Last Name)
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3. Date
11-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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