

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)

Adrián

2. Surname (Last Name)

Lescano

3. Date

17-January-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Registro Argentino de Insuficiencia Cardiaca Aguda (ARGEN-IC).

6. Manuscript Identifying Number (if you know it)

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Dr. Lescano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Alfredo

2. Surname (Last Name)

Hirschson Prado

3. Date

17-January-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Adrián Lescano

5. Manuscript Title

Registro Argentino de Insuficiencia Cardiaca Aguda (ARGEN-IC).

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Dr. Hirschson Prado has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alberto	2. Surname (Last Name) Fernández	3. Date 17-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrián Lescano
5. Manuscript Title Registro Argentino de Insuficiencia Cardíaca Aguda (ARGEN-IC).		
6. Manuscript Identifying Number (if you know it)		

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Dr. Fernández has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lorena	2. Surname (Last Name) Coronel	3. Date 17-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrián Lescano
5. Manuscript Title Registro Argentino de Insuficiencia Cardiaca Aguda (ARGEN-IC).		
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Hernán

2. Surname (Last Name)

Cohen Arazi

3. Date

17-January-2020

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 Yes No

Corresponding Author's Name

Adrián Lescano

5. Manuscript Title

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1. Given Name (First Name) Leonardo	2. Surname (Last Name) Cáceres	3. Date 17-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrián Lescano
5. Manuscript Title Registro Argentino de Insuficiencia Cardiaca Aguda (ARGEN-IC).		
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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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

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Dr. Cáceres has nothing to disclose.

Evaluation and Feedback

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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) Analía	2. Surname (Last Name) Benavidez	3. Date 17-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrián Lescano
5. Manuscript Title Registro Argentino de Insuficiencia Cardiaca Aguda (ARGEN-IC).		
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Dr. Benavidez 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) Diego	2. Surname (Last Name) Arakaki	3. Date 17-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrián Lescano
5. Manuscript Title Registro Argentino de Insuficiencia Cardiaca Aguda (ARGEN-IC).		
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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Arakaki 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)

Guillermina

2. Surname (Last Name)

Soracio

3. Date

17-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Adrián Lescano

5. Manuscript Title

Registro Argentino de Insuficiencia Cardiaca Aguda (ARGEN-IC).

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Julietta

2. Surname (Last Name)

Soricetti

3. Date

17-January-2020

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 Yes No

Corresponding Author's Name

Adrián Lescano

5. Manuscript Title

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