

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)
Miguel

2. Surname (Last Name)
Allo

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Development of Subcutaneous Implants of Controlled Release Formulations of Carvedilol for Sustained Blood Pressure Reduction in Experimental Models of Hypertension

6. Manuscript Identifying Number (if you know it)

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Dr. Allo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Camila M

2. Surname (Last Name)

Boquete

3. Date

17-January-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Development of Subcutaneous Implants of Controlled Release Formulations of Carvedilol for Sustained Blood Pressure Reduction in Experimental Models of Hypertension

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Section 1. Identifying Information

1. Given Name (First Name)
Marcela A.

2. Surname (Last Name)
Moretton

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Development of Subcutaneous Implants of Controlled Release Formulations of Carvedilol for Sustained Blood Pressure Reduction in Experimental Models of Hypertension

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Section 1. Identifying Information

1. Given Name (First Name)

Luciano

2. Surname (Last Name)

Parolla

3. Date

17-January-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Development of Subcutaneous Implants of Controlled Release Formulations of Carvedilol for Sustained Blood Pressure Reduction in Experimental Models of Hypertension

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Yanina

2. Surname (Last Name)

Santander Plantamura

3. Date

17-January-2020

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 Yes No

Corresponding Author's Name

Miguel Allo

5. Manuscript Title

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Miguel Allo
5. Manuscript Title Development of Subcutaneous Implants of Controlled Release Formulations of Carvedilol for Sustained Blood Pressure Reduction in Experimental Models of Hypertension		
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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Section 4. Intellectual Property -- Patents & Copyrights

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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Diego A.

2. Surname (Last Name)
Chiappetta

3. Date
17-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Miguel Allo

5. Manuscript Title
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1. Given Name (First Name)
Christian

2. Surname (Last Name)
Höcht

3. Date
17-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Miguel Allo

5. Manuscript Title
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