

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)
Matías

2. Surname (Last Name)
Calandrelli

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Encuesta sobre el manejo del infarto agudo de miocardio con elevación del segmento ST en hospitales de zonas rurales de Rio Negro

6. Manuscript Identifying Number (if you know it)

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Dr. Calandrelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
María E.

2. Surname (Last Name)
Saavedra

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Encuesta sobre el manejo del infarto agudo de miocardio con elevación del segmento ST en hospitales de zonas rurales de Rio Negro

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Dr. Saavedra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

José

2. Surname (Last Name)

Bonifacio

3. Date

17-January-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Encuesta sobre el manejo del infarto agudo de miocardio con elevación del segmento ST en hospitales de zonas rurales de Rio Negro

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Jorge L.

2. Surname (Last Name)
Bocian

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Mariano

2. Surname (Last Name)
Trevisán

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Daniel

2. Surname (Last Name)
Abriata

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Encuesta sobre el manejo del infarto agudo de miocardio con elevación del segmento ST en hospitales de zonas rurales de Rio Negro

6. Manuscript Identifying Number (if you know it)

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