

ICMJJE 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)
Leandro

2. Surname (Last Name)
Videla

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Percentage of Patients with Cardiac Electronic Devices Requiring Magnetic Resonance Imaging

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Videla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Makarena

2. Surname (Last Name)

Bibiloni

3. Date

17-January-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Percentage of Patients with Cardiac Electronic Devices Requiring Magnetic Resonance Imaging

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Sandy

2. Surname (Last Name)
Posligua

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Percentage of Patients with Cardiac Electronic Devices Requiring Magnetic Resonance Imaging

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Ricardo

2. Surname (Last Name)
Venencia

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Julieta

2. Surname (Last Name)
Manattini

3. Date
17-January-2020

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Alejandro

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Contreras

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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.)?

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Dr. Contreras has nothing to disclose.

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