

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)
Guillermo

2. Surname (Last Name)
Gutierrez

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiac Reintervention and Hemi-Commando Procedure in Double-Valve Endocarditis

6. Manuscript Identifying Number (if you know it)

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Dr. Gutierrez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Franco

2. Surname (Last Name)
Gutierrez

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiac Reintervention and Hemi-Commando Procedure in Double-Valve Endocarditis

6. Manuscript Identifying Number (if you know it)

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Dr. Gutierrez has nothing to disclose.

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1. Given Name (First Name)
Renzo

2. Surname (Last Name)
Melchiori

3. Date
17-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiac Reintervention and Hemi-Commando Procedure in Double-Valve Endocarditis

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Gustavo

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Bastinelli

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