

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Alejandro

2. Surname (Last Name)
Contreras

3. Date
01-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Patient Selection for Percutaneous Closure of Patent Foramen Ovale with Transthoracic Color-Doppler Echocardiography Only. A Different Strategy

6. Manuscript Identifying Number (if you know it)

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Dr. Contreras has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Eduardo

2. Surname (Last Name)
Brenna

3. Date
01-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Alejandro Contreras

5. Manuscript Title
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Dr. Brenna has nothing to disclose.

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1. Given Name (First Name)

Marcos

2. Surname (Last Name)

Amuchástegui

3. Date

01-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Alejandro Contreras

5. Manuscript Title

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1. Given Name (First Name)
Adolfo

2. Surname (Last Name)
Ferrero Guadagnoli

3. Date
01-July-2020

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Yes No

Corresponding Author's Name
Alejandro Contreras

5. Manuscript Title
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Peirone

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