

## 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)  
Ezequiel

2. Surname (Last Name)  
Forte

3. Date  
02-November-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina

6. Manuscript Identifying Number (if you know it)

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Dr. Forte has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Carlos Javier

2. Surname (Last Name)

Buso

3. Date

02-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Ezequiel Forte

5. Manuscript Title

Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Paula

2. Surname (Last Name)  
Duczynski

3. Date  
02-November-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina

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Dr. Duczynski has nothing to disclose.

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1. Given Name (First Name)  
Augusto

2. Surname (Last Name)  
Lavalle Cobo

3. Date  
02-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ezequiel Forte

5. Manuscript Title  
Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina

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Dr. Lavallo Cobo has nothing to disclose.

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Paola

2. Surname (Last Name)  
Harwicz

3. Date  
02-November-2020

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Yes  No

Corresponding Author's Name  
Ezequiel Forte

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mariano	2. Surname (Last Name) Giorgi	3. Date 02-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ezequiel Forte
5. Manuscript Title Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Giorgi has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Emiliano

2. Surname (Last Name)  
Salmeri

3. Date  
02-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ezequiel Forte

5. Manuscript Title  
Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina

6. Manuscript Identifying Number (if you know it)

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Dr. Salmeri has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
César

2. Surname (Last Name)  
Berenstein

3. Date  
02-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ezequiel Forte

5. Manuscript Title  
Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina

6. Manuscript Identifying Number (if you know it)

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Dr. Berenstein has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Adrián

2. Surname (Last Name)

Lescano

3. Date

02-November-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ezequiel Forte

5. Manuscript Title

Características clínicas y control cardiometabólico de personas con diabetes en el consultorio de cardiología en la República Argentina

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Dr. Lescano has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Hugo

2. Surname (Last Name)

Sanabria

3. Date

02-November-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ezequiel Forte

5. Manuscript Title

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Dr. Sanabria has nothing to disclose.

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