

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Lobo	3. Date 09-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter Masson
5. Manuscript Title ¿La colchicina puede prevenir el infarto agudo de miocardio? Revisión sistemática y metaanálisis		
6. Manuscript Identifying Number (if you know it)		

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Section 6. Disclosure Statement

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Dr. Lobo has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Augusto

2. Surname (Last Name)
Lavalle Cobo

3. Date
09-March-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Walter Masson

5. Manuscript Title
¿La colchicina puede prevenir el infarto agudo de miocardio? Revisión sistemática y metaanálisis

6. Manuscript Identifying Number (if you know it)

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Dr. Lavallo Cobo has nothing to disclose.

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1. Given Name (First Name)
Graciela

2. Surname (Last Name)
Molinero

3. Date
09-March-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Walter Masson

5. Manuscript Title
¿La colchicina puede prevenir el infarto agudo de miocardio? Revisión sistemática y metaanálisis

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Walter

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Masson

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