



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

23-June-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Tratamiento quirúrgico de enfermedad carcinoide cardíaca: reporte de casos

6. Manuscript Identifying Number (if you know it)

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Dr. Gutierrez 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) Nestor	2. Surname (Last Name) Clusa	3. Date 23-June-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guillermo Gutierrez
5. Manuscript Title Tratamiento quirúrgico de enfermedad carcinoide cardíaca: reporte de casos		
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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Dr. Clusa has nothing to disclose.

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1. Given Name (First Name) Gustavo	2. Surname (Last Name) Bastianelli	3. Date 23-June-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guillermo Gutierrez
5. Manuscript Title Tratamiento quirúrgico de enfermedad carcinoide cardíaca: reporte de casos		
6. Manuscript Identifying Number (if you know it)		

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Dr. Bastianelli has nothing to disclose.

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1. Given Name (First Name) Sergio	2. Surname (Last Name) Baratta	3. Date 23-June-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guillermo Gutierrez
5. Manuscript Title Tratamiento quirúrgico de enfermedad carcinoide cardíaca: reporte de casos		
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