



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)

Nestor

2. Surname (Last Name)

Galizio

3. Date

17-November-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Terapia de resincronización cardiaca. Incidencia y mecanismos involucrados en la reducción de la insuficiencia mitral funcional

6. Manuscript Identifying Number (if you know it)

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Dr. Galizio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

María E.

2. Surname (Last Name)

Amrein

3. Date

17-November-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Terapia de resincronización cardiaca. Incidencia y mecanismos involucrados en la reducción de la insuficiencia mitral funcional

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Section 1. Identifying Information

1. Given Name (First Name)

José L.

2. Surname (Last Name)

González

3. Date

17-November-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Terapia de resincronización cardiaca. Incidencia y mecanismos involucrados en la reducción de la insuficiencia mitral funcional

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Guillermo A.

2. Surname (Last Name)

Carnero

3. Date

17-November-2021

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Yes No

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Mauricio A.

2. Surname (Last Name)

Mysuta

3. Date

17-November-2021

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Yes No

5. Manuscript Title

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Ernesto

2. Surname (Last Name)

Guevara

3. Date

17-November-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Terapia de resincronización cardiaca. Incidencia y mecanismos involucrados en la reducción de la insuficiencia mitral funcional

6. Manuscript Identifying Number (if you know it)

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Liliana

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Favaloro

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17-November-2021

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Yes No

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17-November-2021

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Yes No

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