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.

1. Identifying information.
2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: a grant from an entity, generally (but not always) paid to your organization
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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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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   ✔ No

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Are there any relevant conflicts of interest?  
   ☐ Yes  
   ✔ No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  
   ✔ No
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Dr. Galizio 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)  
   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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Dr. Amrein has nothing to disclose.

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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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Section 1. Identifying Information

1. Given Name (First Name)  
Guillermo A.

2. Surname (Last Name)  
Carnero

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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Section 1. Identifying Information

1. Given Name (First Name)  Mauricio A.
2. Surname (Last Name)  Mysuta
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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Are there any relevant conflicts of interest?  ✔ Yes  No

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Mysuta
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Ernesto

2. **Surname (Last Name)**
   - Guevara

3. **Date**
   - 17-Novel-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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Dr. Guevara has nothing to disclose.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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1. **Given Name (First Name)**
   - Liliana

2. **Surname (Last Name)**
   - Favaloro

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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Section 1. Identifying Information

1. Given Name (First Name)  Roberto
2. Surname (Last Name)  Favaloro
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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Are there any relevant conflicts of interest?  ❑ Yes  ✔ No

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