



## 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)

Rosario

2. Surname (Last Name)

Della Cella Figueredo

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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Dr. Della Cella Figueredo 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 F.

2. Surname (Last Name)

Renedo

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Daniel O.

2. Surname (Last Name)

Absi

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Elían

2. Surname (Last Name)  
Giordanino

3. Date  
19-January-2022

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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Aldana

2. Surname (Last Name)

Amery

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19-January-2022

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Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Liliana E.

2. Surname (Last Name)

Favaloro

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Favaloro 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)

Elizabeth

2. Surname (Last Name)

Madsen

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

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

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Madsen 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 A.

2. Surname (Last Name)

Vigliano

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Roberto R.

2. Surname (Last Name)

Favaloro

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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Dr. Favaloro 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)

Alejandro M.

2. Surname (Last Name)

Bertolotti

3. Date

19-January-2022

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Trasplante Cardíaco en Miocardiopatía Chagásica: 23 años de experiencia en un centro de referencia

6. Manuscript Identifying Number (if you know it)

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