ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.
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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Gustavo F.

2. Surname (Last Name)  
   Andersen

3. Date  
   17-November-2021

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   Pseudoaneurisma micótico femoral roto por Salmonella

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

Section 3. Relevant financial activities outside the submitted work.

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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. Andersen has nothing to disclose.

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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)  Juan P.
2. Surname (Last Name)  Carrera Ruiz
3. Date  17-November-2021
4. Are you the corresponding author?  ✔ Yes  ☐ No
5. Manuscript Title  Pseudoaneurisma micótico femoral roto por Salmonella
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Carrera Ruiz has nothing to disclose.

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## Identifying Information

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

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

3. **Date**
   - 17-November-2021

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Pseudoaneurisma micótico femoral roto por Salmonella

6. **Manuscript Identifying Number (if you know it)**
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Are there any relevant conflicts of interest?

- **Yes**
- **No**

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- **Yes**
- **No**

## Intellectual Property -- Patents & Copyrights

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- **Yes**
- **No**
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Section 1. Identifying Information

1. Given Name (First Name)  
Mariano

2. Surname (Last Name)  
Norese

3. Date  
17-November-2021

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Pseudoaneurisma micótico femoral roto por Salmonella

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