

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)
Laura

2. Surname (Last Name)
De Candido

3. Date
14-March-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Marcel Voos Budal Arins

5. Manuscript Title
El síndrome del dedo azul como expresión de enfermedad aterosclerótica grave

6. Manuscript Identifying Number (if you know it)

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Dr. De Candido has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Esteban

2. Surname (Last Name)
Mendaro

3. Date
14-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Marcel Voos Budal Arins

5. Manuscript Title
El síndrome del dedo azul como expresión de enfermedad aterosclerótica grave

6. Manuscript Identifying Number (if you know it)

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Dr. Mendaro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Alejandro

2. Surname (Last Name)
Tettamanzi

3. Date
14-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Marcel Voos Budal Arins

5. Manuscript Title
El síndrome del dedo azul como expresión de enfermedad aterosclerótica grave

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1. Given Name (First Name)
Marcel

2. Surname (Last Name)
Voos Budal Arins

3. Date
14-March-2017

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Jorge

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Wisner

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14-March-2017

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Yes No

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Marcel Voos Budal Arins

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