

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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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)
Ana F.

2. Surname (Last Name)
Malio

3. Date
14-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cambios en el grado de insuficiencia mitral en pacientes con enfermedad bivalvular e implante valvular aórtico percutáneo

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Malio 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)
Oscar

2. Surname (Last Name)
Mendiz

3. Date
14-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cambios en el grado de insuficiencia mitral en pacientes con enfermedad bivalvular e implante valvular aórtico percutáneo

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CoreValve Proctorship
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker
Cook	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EVAR-TEVR Consulting/Proctorship
Phillips	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker
Biosensors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker
St Jude (Abbott)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board



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Dr. Mendiz reports grants and personal fees from Medtronic, personal fees from AstraZeneca, personal fees from Cook, personal fees from Phillips, personal fees from Biosensors, personal fees from St Jude (Abbott), outside the submitted work; .

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1. Given Name (First Name)
Fabián

2. Surname (Last Name)
Salmo

3. Date
14-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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1. Given Name (First Name)

Juan

2. Surname (Last Name)

Filipuzzi

3. Date

14-March-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Guillermo

2. Surname (Last Name)

Ganum

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14-March-2017

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Yes No

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1. Given Name (First Name)
Eduardo

2. Surname (Last Name)
Guevara

3. Date
14-March-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cambios en el grado de insuficiencia mitral en pacientes con enfermedad bivalvular e implante valvular aórtico percutáneo

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Oscar

2. Surname (Last Name)
Mendiz

3. Date
14-March-2017

4. Are you the corresponding author? Yes No

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Viviana

2. Surname (Last Name)
Pasquevich

3. Date
14-March-2017

4. Are you the corresponding author? Yes No

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