

ICMJJE 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)
Alejandro

2. Surname (Last Name)
Delucchi

3. Date
10-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Registro Nacional de Hipertensión Arterial. Características epidemiológicas de la hipertensión arterial en la Argentina.

6. Manuscript Identifying Number (if you know it)

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Dr. Delucchi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Claudio

2. Surname (Last Name)
Majul

3. Date
10-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Registro Nacional de Hipertensión Arterial. Características epidemiológicas de la hipertensión arterial en la Argentina.

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Dr. Majul has nothing to disclose.

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1. Given Name (First Name)
Augusto

2. Surname (Last Name)
Vicario

3. Date
10-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Registro Nacional de Hipertensión Arterial. Características epidemiológicas de la hipertensión arterial en la Argentina.

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1. Given Name (First Name)
Gustavo

2. Surname (Last Name)
Cerezo

3. Date
10-December-2017

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Guillermo

2. Surname (Last Name)

Fábregues

3. Date

10-December-2017

4. Are you the corresponding author?

Yes No

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Dr. Fábregues has nothing to disclose.

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