

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)
Gisela

2. Surname (Last Name)
Cirone

3. Date
28-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
El desafío de romper el statu quo en hipertensión arterial

6. Manuscript Identifying Number (if you know it)

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Dr. Cirone has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Hernán

2. Surname (Last Name)
Lewicki

3. Date
28-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Gisela Cirone

5. Manuscript Title
El desafío de romper el statu quo en hipertensión arterial

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Marcelo

2. Surname (Last Name)

Masuelli

3. Date

28-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Gisela Cirone

5. Manuscript Title

El desafío de romper el statu quo en hipertensión arterial

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Dr. Masuelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Bradimir

2. Surname (Last Name)
Nadinic

3. Date
28-July-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Gisela Cirone

5. Manuscript Title
El desafío de romper el statu quo en hipertensión arterial

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1. Given Name (First Name) Fernando	2. Surname (Last Name) Nazzetta	3. Date 28-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gisela Cirone
5. Manuscript Title El desafío de romper el statu quo en hipertensión arterial		
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Gabriel

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Zumay

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28-July-2017

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Corresponding Author's Name
Gisela Cirone

5. Manuscript Title
El desafío de romper el statu quo en hipertensión arterial

6. Manuscript Identifying Number (if you know it)

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