

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ignacio M.

2. Surname (Last Name)  
Cigalini

3. Date  
30-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)

6. Manuscript Identifying Number (if you know it)

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Dr. Cigalini 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)  
Nicolás A.

2. Surname (Last Name)  
Colombo

3. Date  
30-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio M. Cigalini

5. Manuscript Title

Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ernesto A.

2. Surname (Last Name)  
Duronto

3. Date  
30-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio M. Cigalini

5. Manuscript Title

Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Luciano N.

2. Surname (Last Name)  
Fallabrino

3. Date  
30-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio M. Cigalini

5. Manuscript Title

Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)

6. Manuscript Identifying Number (if you know it)

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Dr. Fallabrino has nothing to disclose.

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Sebastián

2. Surname (Last Name)  
García Zamora

3. Date  
30-August-2017

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Corresponding Author's Name  
Ignacio M. Cigalini

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Dr. García Zamora 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)  
Hugo

2. Surname (Last Name)  
Grancelli

3. Date  
30-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio M. Cigalini

5. Manuscript Title

Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)

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

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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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Grancelli has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ricardo M.	2. Surname (Last Name) Iglesias	3. Date 30-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ignacio M. Cigalini
5. Manuscript Title Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Iglesias 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)  
Darío B.

2. Surname (Last Name)  
Igolnikof

3. Date  
30-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio M. Cigalini

5. Manuscript Title

Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)

6. Manuscript Identifying Number (if you know it)

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Dr. Igolnikof 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)  
Renzo

2. Surname (Last Name)  
Melchiori

3. Date  
30-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ignacio M. Cigalini

5. Manuscript Title

Estado actual de las residencias de cardiología: resultados de la 5° Encuesta Nacional de Residentes (ENARE V)

6. Manuscript Identifying Number (if you know it)

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Dr. Melchiori 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)  
Gabriel

2. Surname (Last Name)  
Tissera

3. Date  
30-August-2017

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Yes  No

Corresponding Author's Name  
Ignacio M. Cigalini

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Tissera has nothing to disclose.

### Evaluation and Feedback

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