

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Rosina

2. Surname (Last Name)
Arbucci

3. Date
01-November-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Diana Romero Zertuche

5. Manuscript Title

La reserva del reservorio. Evaluación funcional por Strain 2D de la aurícula izquierda en reposo y esfuerzo

6. Manuscript Identifying Number (if you know it)

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Dr. Arbucci has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jorge 2. Surname (Last Name) Lowenstein 3. Date 01-November-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Diana Romero Zertuche

5. Manuscript Title
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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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received fees as speaker and organizer of workshops from General Electric

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Lowenstein reports personal fees from null, outside the submitted work; .

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1. Given Name (First Name)
Diego

2. Surname (Last Name)
Lowenstein

3. Date
01-November-2017

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Yes No

Corresponding Author's Name
Diana Romero Zertuche

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Melissa	2. Surname (Last Name) Rodríguez Israel	3. Date 01-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Diana Romero Zertuche
5. Manuscript Title La reserva del reservorio. Evaluación funcional por Strain 2D de la aurícula izquierda en reposo y esfuerzo		
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Dr. Rodríguez Israel has nothing to disclose.

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Romero Zertuche

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Graciela

2. Surname (Last Name)
Rousse

3. Date
01-November-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Diana Romero Zertuche

5. Manuscript Title
La reserva del reservorio. Evaluación funcional por Strain 2D de la aurícula izquierda en reposo y esfuerzo

6. Manuscript Identifying Number (if you know it)

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Daniela

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Sevilla

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01-November-2017

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Diana Romero Zertuche

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Natalia

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Ugalde Gallegos

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01-November-2017

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Corresponding Author's Name
Diana Romero Zertuche

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