

## 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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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)  
Agustina

2. Surname (Last Name)  
Amenabar

3. Date  
01-November-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Fuerte correlación negativa entre la presión sistólica pulmonar estimada y el strain auricular derecho

6. Manuscript Identifying Number (if you know it)

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Dr. Amenabar 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) Mariana	2. Surname (Last Name) Carnevalini	3. Date 01-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Agustina Amenabar
5. Manuscript Title Fuerte correlación negativa entre la presión sistólica pulmonar estimada y el strain auricular derecho		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

1. Given Name (First Name) Norberto	2. Surname (Last Name) Casso	3. Date 01-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Agustina Amenabar
5. Manuscript Title Fuerte correlación negativa entre la presión sistólica pulmonar estimada y el strain auricular derecho		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Casso has nothing to disclose.

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Héctor

2. Surname (Last Name)  
Deschle

3. Date  
01-November-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Agustina Amenabar

5. Manuscript Title  
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Dr. Deschle has nothing to disclose.

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1. Given Name (First Name)

Jessica

2. Surname (Last Name)

Gantesti

3. Date

01-November-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Agustina Amenabar

5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Gabriela

2. Surname (Last Name)  
Matta

3. Date  
01-November-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Agustina Amenabar

5. Manuscript Title  
Fuerte correlación negativa entre la presión sistólica pulmonar estimada y el strain auricular derecho

6. Manuscript Identifying Number (if you know it)

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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.)?

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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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Pablo

2. Surname (Last Name)  
Ottonello

3. Date  
01-November-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Agustina Amenabar

5. Manuscript Title

Fuerte correlación negativa entre la presión sistólica pulmonar estimada y el strain auricular derecho

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Agustina Amenabar
5. Manuscript Title Fuerte correlación negativa entre la presión sistólica pulmonar estimada y el strain auricular derecho		
6. Manuscript Identifying Number (if you know it) _____		

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