ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Lucrecia M.

2. Surname (Last Name)  
   Burgos

3. Date  
   04-January-2019

4. Are you the corresponding author?  
   Yes ☑ No ☐

5. Manuscript Title  
   Validation and Comparison of Two Risk Stratification Models in ST Segment Elevation Myocardial Infarction

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
Yes ☐ No ☑

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Dr. Burgos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ignacio M.
2. Surname (Last Name) Cigalini
3. Date 04-January-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Validation and Comparison of Two Risk Stratification Models in ST Segment Elevation Myocardial Infarction
6. Manuscript Identifying Number (if you know it)

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1. **Given Name (First Name)** | 2. **Surname (Last Name)** | 3. **Date**  
Juan P. | Costabel | 04-January-2019  
4. **Are you the corresponding author?**  
[ ] Yes  
[ ] No  
5. **Manuscript Title**  
Validation and Comparison of Two Risk Stratification Models in ST Segment Elevation Myocardial Infarction  
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## Section 2. The Work Under Consideration for Publication

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Dr. Costabel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sebastián

2. Surname (Last Name)  
   García Zamora

3. Date  
   04-January-2019

4. Are you the corresponding author?  
   ✓ Yes  ❏ No

5. Manuscript Title  
   Validation and Comparison of Two Risk Stratification Models in ST Segment Elevation Myocardial Infarction

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Dr. García Zamora has nothing to disclose.

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Cristian M.  
   
2. Surname (Last Name)  
Garmendia  
   
3. Date  
04-January-2019  

4. Are you the corresponding author?  
☑ Yes  ☐ No  

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elian M.</td>
<td>Giordanino</td>
<td>04-January-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No

5. Manuscript Title
   Validation and Comparison of Two Risk Stratification Models in ST Segment Elevation Myocardial Infarction

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?  
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Dr. Giordanino has nothing to disclose.

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Godoy Armando
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1. Given Name (First Name)  
   Casandra L.

2. Surname (Last Name)  
   Godoy Armando

3. Date  
   04-January-2019

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1. Given Name (First Name)  
Ricardo

2. Surname (Last Name)  
Iglesias

3. Date  
04-January-2019

4. Are you the corresponding author?  
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