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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Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yanina
2. Surname (Last Name)  Castillo Costa
3. Date  04-January-2019

4. Are you the corresponding author?  ✔ Yes  ❌ No

5. Manuscript Title
   Estimation of Kinetic Glomerular Filtration Rate in Patients with Decompensated Heart Failure

6. Manuscript Identifying Number (if you know it)

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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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Section 6. Disclosure Statement

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Dr. Castillo Costa has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Carlos M.

2. Surname (Last Name)  
Barrero

3. Date  
04-January-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Yanina Castillo Costa

5. Manuscript Title  
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Dr. Raffaelli 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)**  
   Adrián A.

2. **Surname (Last Name)**  
   Charask

3. **Date**  
   04-January-2019

4. **Are you the corresponding author?**  
   [ ] Yes  
   [x] No

**Corresponding Author's Name**  
Yanina Castillo Costa

5. **Manuscript Title**  
   Estimation of Kinetic Glomerular Filtration Rate in Patients with Decompensated Heart Failure

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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Dr. Charask has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Flavio A.

2. Surname (Last Name)  
   Delfino

3. Date  
   04-January-2019

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

Corresponding Author’s Name  
Yanina Castillo Costa

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

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Section 1. Identifying Information

1. Given Name (First Name)  Enrique B.
2. Surname (Last Name)  Fairman
3. Date  04-January-2019
4. Are you the corresponding author?  ☑ Yes  ☐ No  Corresponding Author’s Name  Yanina Castillo Costa
5. Manuscript Title  Estimation of Kinetic Glomerular Filtration Rate in Patients with Decompensated Heart Failure
6. Manuscript Identifying Number (if you know it)  

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Dr. Fairman has nothing to disclose.

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2. Surname (Last Name)  
   Mauro

3. Date  
   04-January-2019

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   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Yanina Castillo Costa

5. Manuscript Title  
   Estimation of Kinetic Glomerular Filtration Rate in Patients with Decompensated Heart Failure

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Corresponding Author’s Name  Yanina Castillo Costa

5. Manuscript Title  
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   Yanina Castillo Costa
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