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)  
   Ignacio M.

2. Surname (Last Name)  
   Cigalini

3. Date  
   04-January-2019

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

5. Manuscript Title  
   In-Hospital and 30-Day Mortality After Percutaneous Aortic Valve Implantation.  
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6. Manuscript identifying Number (if you know it)

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Dr. Cigalini has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ezequiel José  
2. Surname (Last Name)  
   Zaidel  
3. Date  
   04-January-2019  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Ignacio Cigalini

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Dr. Zaidel has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Ricardo</td>
<td>Villareal</td>
<td>04-January-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author’s Name  
   Ignacio Cigalini

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1. Given Name (First Name) Marcelo
2. Surname (Last Name) Bettinotti
3. Date 04-January-2019

4. Are you the corresponding author? □ Yes  □ No
   Corresponding Author’s Name Ignacio Cigalini

5. Manuscript Title
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1. Given Name (First Name)  
   Alvaro

2. Surname (Last Name)  
   Sosa Liprandi

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   04-January-2019

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Section 1. Identifying Information

1. Given Name (First Name)  
   Matias

2. Surname (Last Name)  
   Sztejfman

3. Date  
   04-January-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Ignacio Cigalini

5. Manuscript Title  
   In-Hospital and 30-Day Mortality After Percutaneous Aortic Valve Implantation.  
   Usefulness of Different Surgical Risk Scores

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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   ☑ Yes  ☐ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Sztejman 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)
   Yunes

2. Surname (Last Name)
   Victor

3. Date
   04-January-2019

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

   Corresponding Author’s Name
   Ignacio Cigolini

5. Manuscript Title
   Surgical Treatment of Chagasic Cardiomyopathy

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?  
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Dr. Victor has nothing to disclose.

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3. Relevant financial activities outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Edgar
2. Surname (Last Name) Aguilar
3. Date 04-January-2019

4. Are you the corresponding author? ☐ Yes  ☑ No
   Corresponding Author's Name
   Ignacio Cigalini

5. Manuscript Title
   Surgical Treatment of Chagasic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ernesto

2. Surname (Last Name)  
   Bravo

3. Date  
   04-January-2019

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Ignacio Cigalini

5. Manuscript Title  
   Surgical Treatment of Chagasic Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Fernando

2. Surname (Last Name)  
Moll

3. Date  
04-January-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Ignacio Cigalini

5. Manuscript Title  
Surgical Treatment of Chagasic Cardiomyopathy

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)  Germán
2. Surname (Last Name)  Chaud
3. Date  04-January-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Ignacio Cigelini

5. Manuscript Title
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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.)?  No

Are there any relevant conflicts of interest?  Yes  No

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Dr. Chaud has nothing to disclose.

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