ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Marcela

2. Surname (Last Name)  
   Martinelli

3. Date  
   16-April-2019

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

5. Manuscript Title  
   Factores de riesgo de enfermedad cardiovascular en estudiantes universitarios

6. Manuscript Identifying Number (if you know it)

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Martinelli
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Dr. Martinelli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Daniela
2. Surname (Last Name)  Paoletti
3. Date  16-April-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
Factores de riesgo de enfermedad cardiovascular en estudiantes universitarios
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Dr. Paoletti has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martina</td>
<td>Villani</td>
<td>16-April-2019</td>
</tr>
</tbody>
</table>

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

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

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1. Given Name (First Name)  
   Diego

2. Surname (Last Name)  
   Manni

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

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Dr. Manni has nothing to disclose.

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1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Diaz Zechin

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Dr. Diaz Zechin has nothing to disclose.

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   Lucero

2. Surname (Last Name)  
   del Alba Gimenez

3. Date  
   16-April-2019

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

5. Manuscript Title  
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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)**
   - Laura

2. **Surname (Last Name)**
   - Degiorgio

3. **Date**
   - 16-April-2019

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

5. **Manuscript Title**
   - Factores de riesgo de enfermedad cardiovascular en estudiantes universitarios

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

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2. Surname (Last Name)  
   Cova

3. Date  
   16-April-2019

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

5. Manuscript Title  
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   Micaela I.

2. Surname (Last Name)  
   Balbi

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