ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alfonsina

2. Surname (Last Name)  
   Candiello

3. Date  
   16-April-2019

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

5. Manuscript Title  
   Iniciativa Stent-Save a Life! Argentina

6. Manuscript Identifying Number (if you know it)

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Yes ☐ No ☑

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Dr. Candiello has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jorge
2. Surname (Last Name)  Belardi
3. Date  16-April-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name
   Alfonsina Candiello
5. Manuscript Title
   Iniciativa Stent-Save a Life! Argentina
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ignacio

2. Surname (Last Name)  
   Cigalini

3. Date  
   16-April-2019

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

   Corresponding Author's Name
   Alfonso Candiello

5. Manuscript Title  
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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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1. Given Name (First Name)  
   Fernando
2. Surname (Last Name)  
   Cohen
3. Date  
   16-April-2019
4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Alfonsina Candiello
5. Manuscript Title  
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Santiago  

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Coroleu  

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☑ No  

Corresponding Author’s Name  
Alfonsina Candiello  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alejandro  

2. Surname (Last Name)  
   García Escudero  

3. Date  
   16-April-2019  

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

5. Manuscript Title  
   Iniciativa Stent-Save a Life! Argentina  

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?  
   Yes [ ] No [x]  

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Are there any relevant conflicts of interest?  
   Yes [ ] No [x]  

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes [ ] No [x]
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Section 6. Disclosure Statement

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Dr. García Escudero has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Leandro

2. Surname (Last Name)  
Lasave

3. Date  
16-April-2019

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

Corresponding Author’s Name  
Alfonsina Candiello

5. Manuscript Title  
Iniciativa Stent-Save a Life! Argentina

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lasave has nothing to disclose.

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Pascua
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Andrés

2. Surname (Last Name)  
Pascua

3. Date  
16-April-2019

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

5. Manuscript Title  
Iniciativa Stent-Save a Life! Argentina

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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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Pascua 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)  Leonardo
2. Surname (Last Name)  Ripa
3. Date  16-April-2019

4. Are you the corresponding author?  [] Yes  ✔ No
   Corresponding Author’s Name  Alfonso Candielo

5. Manuscript Title
   Iniciativa Stent-Save a Life! Argentina

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?  [] Yes  ✔ No

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Dr. Ripa 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)  
   Pedro

2. Surname (Last Name)  
   Zangronis

3. Date  
   16-April-2019

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Alfonso Candiello

5. Manuscript Title  
   Iniciativa Stent-Save a Life! Argentina

6. Manuscript Identifying Number (if you know it)

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☑ No

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Dr. Zangronis has nothing to disclose.

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