ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Carlos
2. Surname (Last Name)  Fava
3. Date  16-April-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Reparación valvular mitral por cateterismo: experiencia inicial con MitraClip

6. Manuscript Identifying Number (if you know it)

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Dr. Fava has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Gaspar

2. Surname (Last Name)  
Caponi

3. Date  
16-April-2019

4. Are you the corresponding author?  

☐ Yes  ☑ No

Corresponding Author’s Name  
Carlos Fava

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Gamboa
3. Date  16-April-2019

4. Are you the corresponding author?  [ ] Yes  [ ] No
   Corresponding Author’s Name  Carlos Fava

5. Manuscript Title
   Reparación valvular mitral por cateterismo: experiencia inicial con MitraClip

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Section 1. Identifying Information

1. Given Name (First Name) Carmen
2. Surname (Last Name) Gomez
3. Date 16-April-2019
4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name Carlos Fava
5. Manuscript Title
   Reparación valvular mitral por cateterismo: experiencia inicial con MitraClip
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1. Given Name (First Name)  Eduardo
2. Surname (Last Name) Guevara
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**Royalties**: Funds are coming in to you or your institution due to your patent
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Section 1.  Identifying Information

1. Given Name (First Name)  
   Gustavo

2. Surname (Last Name)  
   Lev

3. Date  
   16-April-2019

4. Are you the corresponding author?  
   ✅ No

   Corresponding Author’s Name  
   Carlos Fava

5. Manuscript Title  
   Reparación valvular mitral por cateterismo: experiencia inicial con MitraClip

6. Manuscript Identifying Number (if you know it)

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Dr. Lev has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Oscar

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

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

4. **Are you the corresponding author?**  
   [ ] Yes  
   [x] No  
   **Corresponding Author’s Name**  
   Carlos Fava

5. **Manuscript Title**  
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Juan

2. Surname (Last Name)  
   Moukarzel

3. Date  
   16-April-2019

4. Are you the corresponding author?  
   □ Yes  □ No  
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   Carlos Fava

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

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

Corresponding Author’s Name

Carlos Fava

5. Manuscript Title

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1. Given Name (First Name)  
   Leon

2. Surname (Last Name)  
   Valdivieso

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   16-April-2019

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   [ ] Yes  
   [x] No  
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   Carlos Fava

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