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)  
   Maria

2. Surname (Last Name)  
   Carrero

3. Date  
   11-December-2019

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

5. Manuscript Title  
   Long-term Non-invasive Hemodynamic Evaluation of Left Endocardial Cardiac Resynchronization Therapy

6. Manuscript Identifying Number (if you know it)

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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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Dr. Carrero has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Ivan

2. Surname (Last Name) 
   Constantin

3. Date 
   11-December-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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Dr. Constantin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Gonzalo

2. Surname (Last Name)  
Díaz Babio

3. Date  
11-December-2019

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

5. Manuscript Title  
Long-term Non-invasive Hemodynamic Evaluation of Left Endocardial Cardiac Resynchronization Therapy

6. Manuscript Identifying Number (if you know it)

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Dr. Díaz Babio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Gerardo
2. Surname (Last Name) Masson
3. Date 11-December-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Long-term Non-invasive Hemodynamic Evaluation of Left Endocardial Cardiac Resynchronization Therapy

6. Manuscript Identifying Number (if you know it)

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Dr. Masson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Maria

2. Surname (Last Name)  
   Mezzadra

3. Date  
   11-December-2019

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

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

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Section 1. Identifying Information

1. Given Name (First Name)
   Pablo

2. Surname (Last Name)
   Stutzbach

3. Date
   11-December-2019

4. Are you the corresponding author?  
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5. Manuscript Title
   Long-term Non-invasive Hemodynamic Evaluation of Left Endocardial Cardiac Resynchronization Therapy

6. Manuscript Identifying Number (if you know it)

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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.)?

Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
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Vera Janavel
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Gustavo

2. Surname (Last Name)  
   Vera Janavel

3. Date  
   11-December-2019

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   Verón  
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4. Are you the corresponding author?  
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   ☐ No  

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