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)  
   Rosina

2. Surname (Last Name)  
   Arbucci

3. Date  
   16-April-2019

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

5. Manuscript Title  
   The Behaviour of Regional Longitudinal Strain Depends on Coronary Flow Reserve in a Simultaneous Analysis during Dipyridamole Stress Echocardiography

6. Manuscript Identifying Number (if you know it)

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Dr. Arbucci has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Gustavo

2. Surname (Last Name)  
Zambrana

3. Date  
16-April-2019

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

Corresponding Author’s Name  
Rosina Arbucci

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

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<td>Miguel</td>
<td>Amor</td>
<td>16-April-2019</td>
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</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [X] No
   Corresponding Author’s Name: Rosina Arbucci

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Diego M.

2. Surname (Last Name)  
Lowenstein

3. Date  
16-April-2019

4. Are you the corresponding author?  
Yes  ☑ No

Corresponding Author’s Name  
Rosina Arbucci

5. Manuscript Title  
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Natalio

2. Surname (Last Name)  
Gastaldello

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16-April-2019

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☐ Yes  ☑ No

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Rosina Arbucci

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Dr. Gastaldello 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)  
   Pablo
2. Surname (Last Name)  
   Merlo
3. Date  
   16-April-2019

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

   Corresponding Author’s Name  
   Rosina Arbucci

5. Manuscript Title  
The Behaviour of Regional Longitudinal Strain Depends on Coronary Flow Reserve in a Simultaneous Analysis during Dipyridamole Stress Echocardiography

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Merlo 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)  
   Graciela

2. Surname (Last Name)  
   Rousse

3. Date  
   16-April-2019

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

5. Manuscript Title  
   The Behaviour of Regional Longitudinal Strain Depends on Coronary Flow Reserve in a Simultaneous Analysis during Dipyridamole Stress Echocardiography

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?  
   [ ] 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. Rousse 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)  
   Ariel K.

2. Surname (Last Name)  
   Saad

3. Date  
   16-April-2019

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

   Corresponding Author’s Name  
   Rosina Arbucci

5. Manuscript Title  
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Dr. Saad 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)  
   Sabrina

2. Surname (Last Name)  
   Scioli

3. Date  
   16-April-2019

4. Are you the corresponding author?  
   - Yes  
   - No  
   Corresponding Author’s Name  
   Rosina Arbucci

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

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Section 1. Identifying Information

1. Given Name (First Name)  Daniela
2. Surname (Last Name)  Sevilla
3. Date  16-April-2019
4. Are you the corresponding author?  [ ] Yes  [x] No
Corresponding Author’s Name  Rosina Arbucci

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

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