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)**  
   Sandra  
2. **Surname (Last Name)**  
   Sepúlveda  
3. **Date**  
   16-April-2019  
4. **Are you the corresponding author?**  
   - Yes  
   - No  
5. **Manuscript Title**  
   Takotsubo syndrome in an infant with Severe Hyponatremia  
6. **Manuscript Identifying Number (if you know it)**  

### Section 2. The Work Under Consideration for Publication

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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   - No  

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Dr. Sepúlveda 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)  
   Maria

2. Surname (Last Name)  
   Medina

3. Date  
   16-April-2019

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

5. Manuscript Title  
   Takotsubo syndrome in an infant with Severe Hyponatremia

6. Manuscript Identifying Number (if you know it)

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Dr. Medina has nothing to disclose.

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## Section 1. Identifying Information

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

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

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

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [x] No  
   **Corresponding Author's Name**  
   Sandra Sepulveda

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Dr. Waquin has nothing to disclose.

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

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

Corresponding Author’s Name
Sandra Sepulveda

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

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1. Given Name (First Name)  
Gladys

2. Surname (Last Name)  
Salgado

3. Date  
16-April-2019

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Corresponding Author’s Name  
Sandra Sepulveda

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Dr. Salgado has nothing to disclose.

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