

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Ricardo

2. Surname (Last Name)

Levin

3. Date

01-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Circulatory Support and Extracorporeal Membrane Oxygenation in Transcatheter Aortic Valve Implantation

6. Manuscript Identifying Number (if you know it)

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Dr. Levin has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Marcela

2. Surname (Last Name)
Degrange

3. Date
01-July-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ricardo Levin

5. Manuscript Title
Circulatory Support and Extracorporeal Membrane Oxygenation in Transcatheter Aortic Valve Implantation

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Rafael

2. Surname (Last Name)
Porcile

3. Date
01-July-2020

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Corresponding Author's Name
Ricardo Levin

5. Manuscript Title
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1. Given Name (First Name) Peter	2. Surname (Last Name) Fong	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ricardo Levin
5. Manuscript Title Circulatory Support and Extracorporeal Membrane Oxygenation in Transcatheter Aortic Valve Implantation		
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