

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Garcia	3. Date 09-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Functional Tricuspid Stenosis and Interatrial Shunting in Primary Sclerosing Cholangitis"		
6. Manuscript Identifying Number (if you know it) L15-0403		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Garcia 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)
Rhanderson

2. Surname (Last Name)
Cardoso

3. Date
07-December-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title
Functional Tricuspid Stenosis and Interatrial Shunting in Primary Sclerosing Cholangitis

6. Manuscript Identifying Number (if you know it)
L15-0403

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Dr. Cardoso has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Rodrigo

2. Surname (Last Name)

Mendirichaga

3. Date

09-December-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Functional Tricuspid Stenosis and Interatrial Shunting in Primary Sclerosing Cholangitis

6. Manuscript Identifying Number (if you know it)

L15-0403

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Section 1. Identifying Information

1. Given Name (First Name) Marian	2. Surname (Last Name) Calfa	3. Date 13-January-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rodrigo Mendirichaga
5. Manuscript Title Functional Tricuspid Stenosis and Interatrial Shunting in Primary Sclerosing Cholangitis		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)
Victor

2. Surname (Last Name)
Soto

3. Date
22-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rodrigo Mendirichaga

5. Manuscript Title
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