

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pedro

2. Surname (Last Name)
Lemos

3. Date
06-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Robotic-Assisted Intervention Strategy to Minimize Air Exposure During the Procedure: A Case Report of Myocardial Infarction and COVID-19

6. Manuscript Identifying Number (if you know it)
CDT 20 - 521

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Brazilian Ministry of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Lemos reports grants from Brazilian Ministry of Health, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Marcelo 2. Surname (Last Name) Franken 3. Date 27-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Pedro A. Lemos

5. Manuscript Title
Robotic-Assisted Intervention Strategy to Minimize Air Exposure During the Procedure: A Case Report of Myocardial Infarction and COVID-19

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Section 1. Identifying Information

1. Given Name (First Name)
JOSE

2. Surname (Last Name)
MARIANI JR

3. Date
28-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pedro A. Lemos

5. Manuscript Title
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1. Given Name (First Name)
Fabio

2. Surname (Last Name)
Pitta

3. Date
28-July-2020

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Corresponding Author's Name
Pedro A. Lemos

5. Manuscript Title
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Fredric Assis

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Oliveira

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gabriella

2. Surname (Last Name)
de A. Cunha Lima Nóbrega

3. Date
28-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pedro A. Lemos

5. Manuscript Title
Robotic-Assisted Intervention Strategy to Minimize Air Exposure During the Procedure: A Case Report of Myocardial Infarction and COVID-19

6. Manuscript Identifying Number (if you know it)
CDT 20 - 521

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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? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Brazilian Ministry of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. de A. Cunha Lima Nóbrega reports grants from Brazilian Ministry of Health, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Adriano 2. Surname (Last Name) Caixeta 3. Date 29-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Pedro A. Lemos

5. Manuscript Title
Robotic-Assisted Intervention Strategy to Minimize Air Exposure During the Procedure: A Case Report of Myocardial Infarction and COVID-19

6. Manuscript Identifying Number (if you know it)
CDT 20 - 521

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Breno

2. Surname (Last Name)
Almeida

3. Date
28-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Pedro A. Lemos

5. Manuscript Title
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CDT 20 - 521

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rodrigo

2. Surname (Last Name) Gobbo Garcia

3. Date 27-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Pedro A. Lemos

5. Manuscript Title Robotic-Assisted Intervention Strategy to Minimize Air Exposure During the Procedure: A Case Report of Myocardial Infarction and COVID-19

6. Manuscript Identifying Number (if you know it) CDT 20 - 521

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