

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) MARCEL	2. Surname (Last Name) SANTALÓ-CORCOY	3. Date 03-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name DABIT ARZAMENDI
5. Manuscript Title Catheter-based treatment of tricuspid regurgitation: state of the art		
6. Manuscript Identifying Number (if you know it) ATM-2019-SHD-09		

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. SANTALÓ has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)

LLUÍS

2. Surname (Last Name)

ASMARATS

3. Date

03-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

DABIT ARZAMENDI

5. Manuscript Title

Catheter-based treatment of tricuspid regurgitation: state of the art

6. Manuscript Identifying Number (if you know it)

ATM-2019-SHD-09

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Dr. ASMARATS has nothing to disclose.

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CHI-HION

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LI

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03-June-2020

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Yes No

Corresponding Author's Name
DABIT ARZAMENDI

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