

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Giuseppe

2. Surname (Last Name)
Femia

3. Date
18-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Post-mortem Cardiac Magnetic Resonance Parameters in Normal and Diseased Conditions

6. Manuscript Identifying Number (if you know it)
CDT-20-948

Section 2. The Work Under Consideration for Publication

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Dr. Femia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Neil	2. Surname (Last Name) Langlois	3. Date 17-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Femia
5. Manuscript Title Post-mortem Cardiac Magnetic Resonance Parameters in Normal and Diseased Conditions		
6. Manuscript Identifying Number (if you know it) CDT-20-948		

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Dr. Langlois has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jim	2. Surname (Last Name) Raleigh	3. Date 17-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Femia
5. Manuscript Title Post-mortem Cardiovascular Magnetic Resonance in Normal and Diseased Conditions		
6. Manuscript Identifying Number (if you know it) CDT-20-948		

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Dr. Raleigh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sunthara Rajan	2. Surname (Last Name) Perumal	3. Date 17-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Femia
5. Manuscript Title Post-mortem Cardiovascular Magnetic Resonance in Normal and Diseased Conditions		
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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Semsarian	3. Date 13-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Femia
5. Manuscript Title Post-mortem Cardiac Magnetic Resonance Parameters in Normal and Diseased Conditions		
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Section 1. Identifying Information

1. Given Name (First Name) Rajesh	2. Surname (Last Name) Puranik	3. Date 18-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giuseppe Femia
5. Manuscript Title Post-mortem Cardiac Magnetic Resonance Parameters in Normal and Diseased Conditions		
6. Manuscript Identifying Number (if you know it) CDT-20-948		

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? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Puranik has nothing to disclose.

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