

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Geraldine	2. Surname (Last Name) Vitry	3. Date 30-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roxane Paulin
5. Manuscript Title Mir-33: miR-acles in cardiac fibrosis?		
6. Manuscript Identifying Number (if you know it)		

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

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. Vitry has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Marie	2. Surname (Last Name) Lampron	3. Date 30-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roxane Paulin
5. Manuscript Title Mir-33: miR-acles in cardiac fibrosis?		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Lampron has nothing to disclose.

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1. Given Name (First Name) Nolwenn	2. Surname (Last Name) Samson	3. Date 30-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Roxane Paulin
5. Manuscript Title Mir-33: miR-acles in cardiac fibrosis?		
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Section 1. Identifying Information

1. Given Name (First Name)

Roxane

2. Surname (Last Name)

Paulin

3. Date

30-September-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Mir-33: miR-acles in cardiac fibrosis?

6. Manuscript Identifying Number (if you know it)

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