

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)
Maria

2. Surname (Last Name)
Salinas

3. Date
08-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
B-type natriuretic peptide in the Emergency Department: the impact of restricted policies on requesting patterns and cost

6. Manuscript Identifying Number (if you know it)
JLPM-18-180

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Dr. Salinas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Maite

2. Surname (Last Name)
Lopez-Garrigos

3. Date
08-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Maria Salinas

5. Manuscript Title

B-type natriuretic peptide in the Emergency Department: the impact of restricted policies on requesting patterns and cost

6. Manuscript Identifying Number (if you know it)

JLPM-18-180

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Dr. Lopez-Garrigos has nothing to disclose.

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1. Given Name (First Name)
Emilio

2. Surname (Last Name)
Flores

3. Date
08-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Maria Salinas

5. Manuscript Title

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JLPM-18-180

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Section 1. Identifying Information

1. Given Name (First Name) Miguel	2. Surname (Last Name) Ahumada	3. Date 08-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria Salinas
5. Manuscript Title B-type natriuretic peptide in the Emergency Department: the impact of restricted policies on requesting patterns and cost		
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