

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)
Nuria

2. Surname (Last Name)
Rodríguez Núñez

3. Date
28-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

6. Manuscript Identifying Number (if you know it)
JTD-20-1634

Section 2. The Work Under Consideration for Publication

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Dr. Rodríguez Núñez has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

Ruano Raviña

3. Date

28-July-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

6. Manuscript Identifying Number (if you know it)

JTD-20-1634

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Dr. Ruano Raviña has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Adriana

2. Surname (Last Name)

Lama Lopez

3. Date

28-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nuria Rodríguez Núñez

5. Manuscript Title

Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

6. Manuscript Identifying Number (if you know it)

JTD-20-1634

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Dr. Lama Lopez has nothing to disclose.

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1. Given Name (First Name)
Lucia

2. Surname (Last Name)
Ferreiro Fernandez

3. Date
28-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Nuria Rodríguez Núñez

5. Manuscript Title
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Dr. Ferreiro Fernandez has nothing to disclose.

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Jorge

2. Surname (Last Name)
Ricoy Gabaldon

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28-July-2020

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☐ Yes ☒ No

Corresponding Author's Name
Nuria Rodríguez Núñez

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Dr. Ricoy Gabaldon has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

José M

2. Surname (Last Name)

Alvarez Dobaño

3. Date

28-July-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Nuria Rodríguez Núñez

5. Manuscript Title

Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

6. Manuscript Identifying Number (if you know it)

JTD-20-1634

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.)?

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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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Section 6. Disclosure Statement

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Dr. Alvarez Dobaño has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Juan

2. Surname (Last Name)

Suarez Antelo

3. Date

28-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nuria Rodriguez Nuñez

5. Manuscript Title

Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

6. Manuscript Identifying Number (if you know it)

JTD-20-1634

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maria E

2. Surname (Last Name)

Toubes Navarro

3. Date

28-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nuria Rodriguez Nuñez

5. Manuscript Title

Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

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JTD-20-1634

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carlos

2. Surname (Last Name)
Rabade Castedo

3. Date
28-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Nuria Rodriguez Nuñez

5. Manuscript Title
Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

6. Manuscript Identifying Number (if you know it)
JTD-20-1634

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Dr. Rabade Castedo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Antonio

2. Surname (Last Name)

Golpe Gomez

3. Date

28-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nuria Rodriguez Nuñez

5. Manuscript Title

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JTD-20-1634

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Dr. Golpe Gomez has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tamara

2. Surname (Last Name)

Lourido Cebreiro

3. Date

28-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nuria Rodríguez Núñez

5. Manuscript Title

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JTD-20-1634

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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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Francisco J

2. Surname (Last Name)

Gonzalez Barcala

3. Date

28-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Nuria Rodriguez Nuñez

5. Manuscript Title

Impact of cardiovascular risk factors on the clinical presentation and survival of pulmonary embolism without identifiable risk factor

6. Manuscript Identifying Number (if you know it)

JTD-20-1634

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Are there any relevant conflicts of interest?

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Section 1. Identifying Information

1. Given Name (First Name)

Luis

2. Surname (Last Name)

Valdes Cuadrado

3. Date

28-July-2020

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☒ No

Corresponding Author's Name

Nuria Rodriguez Nuñez

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