

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)

Luiz

2. Surname (Last Name)

Oliveira Junior

3. Date

01-July-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cilmery Suemi Kurokawa

5. Manuscript Title

Cardiovascular comorbidities in patients with chronic Chagas disease

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Oliveira Junior has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thaysa

2. Surname (Last Name)
Carvalho

3. Date
01-July-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Cilmery Suemi Kurokawa

5. Manuscript Title
Cardiovascular comorbidities in patients with chronic Chagas disease

6. Manuscript Identifying Number (if you know it)

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Dr. Carvalho has nothing to disclose.

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1. Given Name (First Name)
Érika

2. Surname (Last Name)
da Costa

3. Date
01-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cilmery Suemi Kurokawa

5. Manuscript Title
Cardiovascular comorbidities in patients with chronic Chagas disease

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1. Given Name (First Name)
Paulo

2. Surname (Last Name)
Pereira

3. Date
01-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cilmery Suemi Kurokawa

5. Manuscript Title
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Cilmery

2. Surname (Last Name)
Kurokawa

3. Date
01-July-2018

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