ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jorge

2. Surname (Last Name)  
   Lowenstein

3. Date  
   01-July-2016

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

5. Manuscript Title  
   El strain longitudinal no tiene memoria isquémica

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?  
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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Dr. Lowenstein reports personal fees from General Electric, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Natalio
2. Surname (Last Name) Gastaldello
3. Date 01-July-2016

4. Are you the corresponding author? ☑ Yes   ☐ No
   Corresponding Author’s Name Jorge Lowenstein

5. Manuscript Title
   El estrain longitudinal no tiene memoria isquémica

6. Manuscript Identifying Number (if you know it)

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Dr. Gastaldello 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)**  
   Pablo

2. **Surname (Last Name)**  
   Merlo

3. **Date**  
   01-July-2016

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   ✔ No  

   **Corresponding Author’s Name**  
   Jorge Lowenstein

5. **Manuscript Title**  
   El strain longitudinal no tiene memoria isquémica

6. **Manuscript Identifying Number (if you know it)**

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- Yes  
- No  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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Dr. Merlo has nothing to disclose.

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1. Given Name (First Name)  
   Marcelo

2. Surname (Last Name)  
   Galello

3. Date  
   01-July-2016

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author's Name  
   Jorge Lowenstein

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   El strain longitudinal no tiene memoria isquémica

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Dr. Galello has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   María

2. Surname (Last Name)  
   Rousse

3. Date  
   01-July-2016

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name
   Jorge Lowenstein

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

**Definitions.**

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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<tr>
<td>Victor</td>
<td>Darú</td>
<td>01-July-2016</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

- Corresponding Author’s Name: Jorge Lowenstein

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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### 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 5. Relationships not covered above

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Darú has nothing to disclose.

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