ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name)  
   TISO  
2. Surname (Last Name)  
   GIOVANNI  
3. Date  
   30-August-2018  
4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔  

Corresponding Author’s Name  
MIKEL ARAMBERRI

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Dr. GIOVANNI has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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</tr>
</thead>
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<td>2. Surname (Last Name)</td>
<td>ARAMBERRI</td>
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   FERNANDO

2. Surname (Last Name)  
   SINES

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Corresponding Author’s Name  
MIKEL ARAMBERRI

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1. **Given Name (First Name)**
   - ALBERT

2. **Surname (Last Name)**
   - FERRANDO

3. **Date**
   - 21-August-2018

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

5. **Manuscript Title**
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   IÑAKI

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   MEDIAVILLA

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