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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Héctor

2. **Surname (Last Name)**
   Cubero-Gallego

3. **Date**
   18-March-2020

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

   **Corresponding Author’s Name**
   Pablo Avanzas

5. **Manuscript Title**
   TAVR: Expanding indications to low risk patients

6. **Manuscript Identifying Number (if you know it)**
   ATM-2019-SHD-15(ATM-20-2009)

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Are there any relevant conflicts of interest?  
- Yes
- No

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Section 1. Identifying Information

1. Given Name (First Name)  Christian
2. Surname (Last Name)  Dam
3. Date  18-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Pablo Avanzas
5. Manuscript Title  TAVR: Expanding indications to low risk patients
6. Manuscript Identifying Number (if you know it)  ATM-2019-SHD-15(ATM-20-2009)

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1. Given Name (First Name)   Juan
2. Surname (Last Name)      Meca
3. Date            18-March-2020
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      Pablo Avanzas
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   Pablo

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

3. **Date**
   18-March-2020

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   - [ ] Yes
   - [x] No

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