

ICMJE DISCLOSURE FORM

Date:

29 July 2023

Your Name:

Dr Vladimir Kojewicz

Manuscript Title:

Cirugía de Bentall de Bono por abordaje miniinvasivoExperiencia inicial del Hospital Italiano de Buenos Aires

Manuscript Number (if known):

<http://dx.doi.org/10.7775/rac.es.v91.i3.20634>

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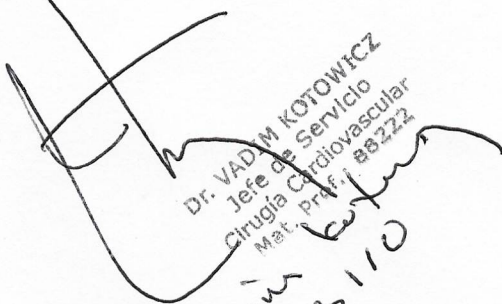
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None Edwards Life Science Johnson & Johnson	
6	Payment for expert testimony	☒ None 	
7	Support for attending meetings and/or travel	☐ None Edwards Life Science	
8	Patents planned, issued or pending	☒ None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None 	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
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12/13/2021

ICMJE Disclosure Form


 Dr. VADIM KOTOWICZ
 Jefe de Servicio
 Cirugía Cardiovascular
 Mat. Prof. 88222
 V. Sin
 20433110

ICMJE DISCLOSURE FORM

Date:

29/Julio/2023

Your Name:

Dr German Forjanes

Manuscript Title:

Cirugía de Bentall de Bono por abordaje.miniinvasivoExperiencia inicial del Hospital Italiano de Buenos Aires

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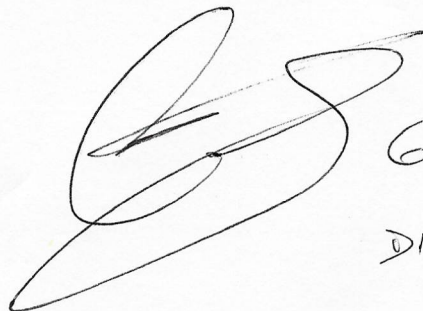
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 GERARDO FORTUNATO
 DNI: 32845571.

ICMJE DISCLOSURE FORM

Date: 24.07.2023

Your Name: Guillermo I. Stöger

Manuscript Title: Cirugía de Bentall De Bono por abordaje miniinvasivo. Experiencia inicial del Hospital Italiano de Buenos Aires

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20634>

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 STÖGER, GUILLERMO
 N. 125. 126.

ICMJE DISCLOSURE FORM

Date:

29/ July/ 2023

Your Name:

Dr Carlos Alberto Toman

Manuscript Title:

Cirugía de Bentall de Bono por abordaje miniinvasivoExperiencia inicial del Hospital Italiano de Buenos Aires

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Carlos J. Torner
 Carlos J. Torner
 95307777

ICMJE DISCLOSURE FORM

Date:

24/Julio/2023

Your Name:

Dr Ricardo Poggiore

Manuscript Title:

Cirugía de Bentall de Bono por abordaje miniinvasivoExperiencia inicial del Hospital Italiano de Buenos Aires

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 Postini, Rando
 DNI: 25167357

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Date:

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Your Name:

Dr. Emiliano Rossi

Manuscript Title:

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Emiliano Rossi
EMILIANO ROSSI
MEDICO CARDIOLOGO
M.F. N° 100.275