

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)
Eva Maria

2. Surname (Last Name)
Javier Delmo

3. Date
16-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Mechanical Circulatory Support Systems: Evolution, the Systems and Outlook

6. Manuscript Identifying Number (if you know it)
CDT-2020-HFYO-17(CDT-20-283)

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Dr. Javier Delmo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Dandel

3. Date
16-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eva Maria Javier Delmo

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Mariano Francisco del Maria	2. Surname (Last Name) Javier	3. Date 16-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eva Maria Javier Delmo
5. Manuscript Title Mechanical Circulatory Support Systems: Evolution, the Systems and Outlook		
6. Manuscript Identifying Number (if you know it) CDT-2020-HFYO-17(CDT-20-283)		

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Mathias

2. Surname (Last Name)
Loebe

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Roland

2. Surname (Last Name)
Hetzer

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16-April-2020

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