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)**  
   Antonio

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

3. **Date**  
   04-April-2020

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

5. **Manuscript Title**  
   Heart failure: role and point of view of the anesthetist

6. **Manuscript Identifying Number (if you know it)**  
   CDT-2020-HFYO-14(CDT-20-339)

## 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?  
   ☑ No

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   ☑ No

## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Loforte has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Georgiana Luisa</td>
<td>Baca</td>
<td>21-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes  ☑ No

5. Manuscript Title
   Heart failure: role and point of view of cardiac intensivist

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**Section 2. The Work Under Consideration for Publication**

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Dr. Baca has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Massimo
2. Surname (Last Name) Baiocchi
3. Date 21-April-2020
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Maria Benedetto

5. Manuscript Title
Heart failure: role and point of view of cardiac intensivist

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Maria

2. Surname (Last Name)  
Benedetto

3. Date  
21-April-2020

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

5. Manuscript Title  
Heart failure: role and point of view of cardiac intensivist

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Ludovica
2. Surname (Last Name)      Nardozi
3. Date                    21-April-2020
4. Are you the corresponding author?  Yes ☑  No
Corresponding Author’s Name  Maria Benedetto

5. Manuscript Title
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