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.

1. Identifying information.

2. The work under consideration for publication.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   MARCOS

2. Surname (Last Name)  
   OLIVEIRA

3. Date  
   25-May-2020

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   IVUS-guided DK-crush left anterior descending-diagonal complex bifurcation PCI via redo distal transradial access.

6. Manuscript Identifying Number (if you know it)  
   JXYM-20-58

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Are there any relevant conflicts of interest?  
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1. Given Name (First Name)  EDNELSON
2. Surname (Last Name)  NAVARRO
3. Date  25-May-2020
4. Are you the corresponding author?  ✔ No
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2. Surname (Last Name)  CAIXETA
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Corresponding Author’s Name  MARCOS DANILLO P. OLIVEIRA

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