

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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Section 1.	Identifying Information					
1. Given Name (First Name) Salvatore		2. Surname (Last Name) Di Stefano		3. Date 25-November-2020		
4. Are you the corresponding author?		✓ Yes	No			
CHALLENGES IN	5. Manuscript Title CHALLENGES IN CANNULATION OF LEFT VENTRICULAR APEX FOR TEMPORARY CIRCULATORY SUPPORT.					
6. Manuscript Identifying Number (if you know it) ACR-19-191-R2						
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Section 4.	Intellectual Proper	ty Patents	& Copyrights			
Do you have any	patents, whether plan			evant to the work	? Yes 🗸 No	



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Dr. Di Stefano has nothing to disclose.

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Section 1. Identifying Inform	Identifying Information					
1. Given Name (First Name) Jose Aurelio	2. Surname (Last Name) Sarralde	3. Date 25-November-2020				
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Salvatore Di Stefano				
5. Manuscript Title CHALLENGES IN CANNULATION OF LEFT VENTRICULAR APEX FOR TEMPORARY CIRCULATORY SUPPORT.						
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Do you have any patents, whether plan						



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1. Given Name (First Name) Alexander		2. Surname (Last Name) Stepanenko		Date 5-November-2020		
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5. Manuscript Title CHALLENGES IN CANNULATION OF LEFT VENTRICULAR APEX FOR TEMPORARY CIRCULATORY SUPPORT.						
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