

## ICMJE DISCLOSURE FORM

**Date:** 17/07/2023  
**Your Name:** Leonela Soledad Aloy  
**Manuscript Title:** Tratamiento endovascular de aneurismas con anatomía aórtica compleja  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20561

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="397 791 1531 892"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="397 1207 1531 1308"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="397 1415 1531 1516"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="397 1623 1531 1724"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ALOY LEONELA SOLEDAD  
MN 158.058



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Dr Luis Mariano Ferreira  
MN81998



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**Date:** 17/07/2023

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**Your Name:** Miguel Ferrer

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Miguel Ferrer  
M.N. 157397