

ICMJE DISCLOSURE FORM

Date: 15/10/2023

Your Name: Miguel Ferrer

Manuscript Title: **Trombosis venosa profunda por variante inusual de síndrome de May-Thurner. Resolución mediante trombectomía mecánica percutánea sin uso de trombolíticos**

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i5.20671>

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.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

		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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Miguel Ferrer
M.N. 157397

ICMJE DISCLOSURE FORM

Date: 30/10/2023
 Your Name: Sebastián Romero
 Manuscript Title: Trombosis venosa profunda por variante inusual de síndrome de May-Thurner.
 Resolución mediante trombectomía mecánica percutánea sin uso de trombolíticos
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20671

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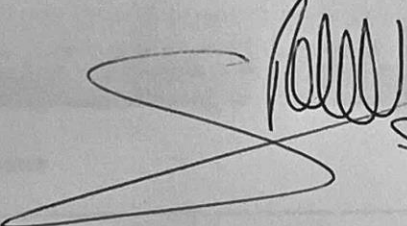
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4	Consulting fees <input checked="" type="checkbox"/> None <table border="1" data-bbox="343 235 1476 358"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events <input checked="" type="checkbox"/> None <table border="1" data-bbox="343 481 1476 593"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony <input checked="" type="checkbox"/> None <table border="1" data-bbox="343 806 1476 918"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel <input checked="" type="checkbox"/> None <table border="1" data-bbox="343 1030 1476 1131"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending <input checked="" type="checkbox"/> None <table border="1" data-bbox="343 1243 1476 1344"> <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="343 1467 1476 1556"> <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="343 1680 1476 1780"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None 	
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 	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.


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 10/16/16

ICMJE DISCLOSURE FORM

Date: 30/10/2023
Your Name: Fernando Alvarez
Manuscript Title: Trombosis venosa profunda por variante inusual de síndrome de May-Thurner. Resolución mediante trombectomía mecánica percutánea sin uso de trombolíticos
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20671

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="352 257 1520 398"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="352 504 1520 616"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="352 840 1520 952"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="352 1064 1520 1176"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="352 1288 1520 1400"> <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="352 1512 1520 1624"> <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="352 1736 1520 1848"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None 	
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 	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

J. P. ...
Fernand
Alief

ICMJE DISCLOSURE FORM

Date: 30/10/2023
 Your Name: Horacio Romero
 Manuscript Title: Trombosis venosa profunda por variante inusual de síndrome de May-Thurner. Resolución mediante trombectomía mecánica percutánea sin uso de trombolíticos
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20671

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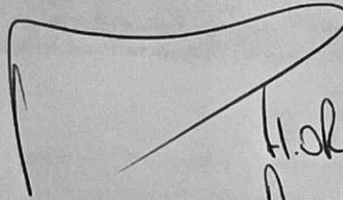
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 H. Obispo
 R. M. K. B.

ICMJE DISCLOSURE FORM

Date: 30/10/2023
Your Name: Ricardo Parra
Manuscript Title: Trombosis venosa profunda por variante inusual de síndrome de May-Thurner. Resolución mediante trombectomía mecánica percutánea sin uso de trombolíticos
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20671

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 577 1501 689"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 904 1501 1010"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 1128 1501 1234"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 1352 1501 1458"> <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="368 1576 1501 1682"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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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 made to you or to your institution)
11	Stock options	<input checked="" type="checkbox"/> None 	
12	Real estate investments	<input checked="" type="checkbox"/> None 	
13	Commodities	<input checked="" type="checkbox"/> None 	

Please check the box next to the following statement to indicate your agreement:

I have read and have answered every question and have not altered the wording of any of the questions on this form.