ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	GUILLERMO MAZO
Manuscript Title:	DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i2.20751

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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.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None	
3	Royalties or licenses	☒ None	
4	Consulting fees	☒ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None
6	Payment for expert testimony	☒ None
7	Support for attending meetings and/or travel	☒ None
8	Patents planned, issued or pending	☒ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None
11	Stock or stock options	☒ None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None
13	Other financial or non-financial interests	☒ 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.

Dr. GUILLERMO MAZO
MEDICO CARDIOLOGO
ELECTROFISIOLOGIA

ICMJE DISCLOSURE FORM

Date: 15/03/2024

Your Name: MARIBEL KANCHI

Manuscript Title: **DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA**

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	

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ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	ADRIAN MAHL
Manuscript Title:	**DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA**
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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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Dr. Adrian Mahl

ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	LEONARDO CACERES
Manuscript Title:	**DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA**
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	RODRIGO CANO
Manuscript Title:	**DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA**
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7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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13	Other financial or non-financial interests	☒ **None**	

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Rodrigo Reynaldo Cano García
DNI: 95135757

ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	CAMILA CORREA SADOUET
Manuscript Title:	**DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA**
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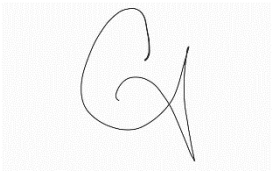

Camila Correa Sadouet
DNI: 32144193

ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	HERALDO D'IMPERIO
Manuscript Title:	**DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA**
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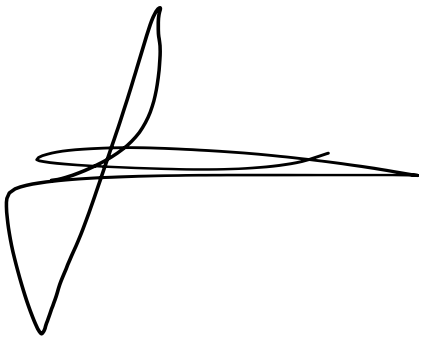

ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	GISELA STREINTENBERGER
Manuscript Title:	**DATOS PRELIMINARES DEL REGISTRO DE MIOCARDIOPATÍA HIPERTRÓFICA EN CENTROS NO ESPECIALIZADOS EN ARGENTINA. EXPLORANDO DETRÁS DE LOS VELOS DE LA PRÁCTICA COTIDIANA**
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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	**None**	
		Yes	I recived support for attending meetings and/or travel for PTC terapeutic and Pfizer
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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Streitenberger Gisela 23/04/2024