ICMJE DISCLOSURE FORM

Date:	CARVELLI
Your Name:	M. VICTORIA
Manuscript Title:	**¿Debemos seguir considerando el monto isquémico en los síndromes coronarios crónicos?**
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i1.20729

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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Time frame: Since the initial planning of the work			
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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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Dra. María Victoria Carvelli

ICMJE DISCLOSURE FORM

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Your Name:	ALEJANDRO
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Dr. Alejandro Meretta

ICMJE DISCLOSURE FORM

Date:	MASOLI
Your Name:	OSVALDO
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Dr. Osvaldo Masoli

ICMJE DISCLOSURE FORM

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Your Name:	MAGALI
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Dra. Magali Gobbo