

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024

**Your Name:** MARCELO R. CHOI

**Manuscript Title:** PARTICIPACIÓN DE LOS CANALES DE CLORURO EN LA SALUD CARDIOVASCULAR Y RENAL. EFECTOS DE DIETAS ALTAS EN CLORO SOBRE LA PRESIÓN ARTERIAL

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20753

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.

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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	

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.



Marcelo Choi

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**Date:** 15/03/2024

**Your Name:** BELISARIO FERNÁNDEZ

**Manuscript Title:** PARTICIPACIÓN DE LOS CANALES DE CLORURO EN LA SALUD CARDIOVASCULAR Y RENAL. EFECTOS DE DIETAS ALTAS EN CLORO SOBRE LA PRESIÓN ARTERIAL

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Belisario Fernandez

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 478 1516 575"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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Mónica Galleano

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Melanie Kim

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**Your Name:** Nicolás M. Kouyoumdzian

**Manuscript Title:** PARTICIPACIÓN DE LOS CANALES DE CLORURO EN LA SALUD CARDIOVASCULAR Y RENAL. EFECTOS DE DIETAS ALTAS EN CLORO SOBRE LA PRESIÓN ARTERIAL

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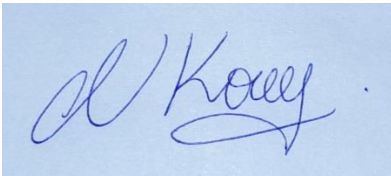
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Please place an "X" next to the following statement to indicate your agreement:

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



Aclaración: Nicolás M. Kouyoumdzian

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024  
**Your Name:** Hyun Jin Lee  
**Manuscript Title:** PARTICIPACIÓN DE LOS CANALES DE CLORURO EN LA SALUD CARDIOVASCULAR Y RENAL. EFECTOS DE DIETAS ALTAS EN CLORO SOBRE LA PRESIÓN ARTERIAL  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20753

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Dra. Hyun Jin Lee  
PROFESORA ADJUNTA  
ANATOMÍA E HISTOLOGÍA  
FFyB - UBA

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024

**Your Name:** Natalia L. Rukavina Mikusic

**Manuscript Title:** PARTICIPACIÓN DE LOS CANALES DE CLORURO EN LA SALUD CARDIOVASCULAR Y RENAL. EFECTOS DE DIETAS ALTAS EN CLORO SOBRE LA PRESIÓN ARTERIAL

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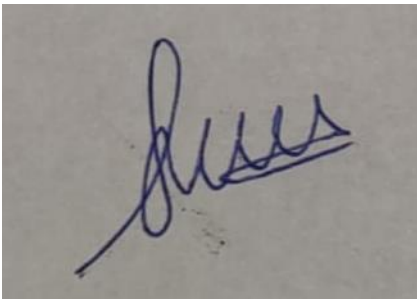
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Aclaración: Natalia L. Rukavina Mikusic

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024

**Your Name:** ANA PUYÓ

**Manuscript Title:** PARTICIPACIÓN DE LOS CANALES DE CLORURO EN LA SALUD CARDIOVASCULAR Y RENAL. EFECTOS DE DIETAS ALTAS EN CLORO SOBRE LA PRESIÓN ARTERIAL

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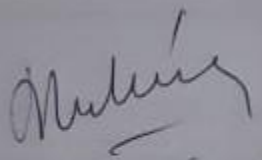
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DR. ANA MARIA PUYÓ

## ICMJJE DISCLOSURE FORM

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MARÍA JULIETA RUDI