

## ICMJE DISCLOSURE FORM

Date: 22/09/2025

Your Name: Paul Caraguay Salinas

Manuscript Title: Fibrinólisis post angioplastia fallida en infarto agudo de miocardio con elevación del segmento ST: reporte de un caso

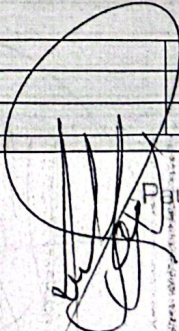
Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i4.20918

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 Paul Caraguay S.  
 Médico  
 M.N. 177455

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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	

*[Handwritten Signature]*

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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.

-Paul Caraguay S.  
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PAUL CARAGUAY S.

# ICMJE DISCLOSURE FORM

22/09/2025

Date:

Your Name:

Lucila María Carosella

Manuscript Title:

**Fibrinolisis post angioplastia fallida en infarto agudo de miocardio con elevación del segmento ST: reporte de un caso**

Manuscript Number (if known):

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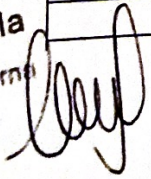
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 Esp. Medicina Interna  
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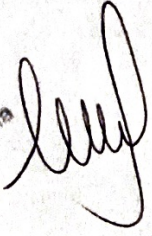
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**Luella Carosella**  
 CARDIOLOGA  
 Fed. Medicina Interna  
 N.Y. 152343



## ICMJE DISCLOSURE FORM

**Date:** 22/09/2025

**Your Name:** Mirza Rivero

**Manuscript Title:** Fibrinolisis post angioplastia fallida en infarto agudo de miocardio con elevación del segmento ST: reporte de un caso

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MIRZA RIVERO  
MEDICA CARDIOLOGA  
M.N. 108976