

## ICMJE DISCLOSURE FORM

**Date:** 8 de Agosto de 2023

**Your Name:** Ana Spaccavento

**Manuscript Title:** Asistencia ventricular extracorpórea en el paro cardiaco intrahospitalario: ¿una realidad posible en nuestro medio?

**Manuscript Number (if known):** <http://dx.doi.org/10.7775/rac.es.v91.i3.20643>

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.

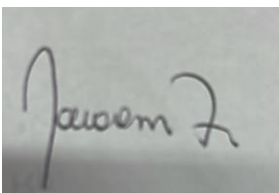
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<b>11</b>	Stock or stock options	X None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
<b>13</b>	Other financial or non-financial interests	X None	

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

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



Ana Spaccavento

## ICMJE DISCLOSURE FORM

**Date:** 8 de Agosto de 2023

**Your Name:** Mirta Diez

**Manuscript Title:** Asistencia ventricular extracorpórea en el paro cardiaco intrahospitalario: ¿una realidad posible en nuestro medio?

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



Mirta Diez

## ICMJE DISCLOSURE FORM

**Date:** 08/14/2023

**Your Name:** Juan Francisco Furmento

**Manuscript Title:** Asistencia ventricular extracorpórea en el paro cardiaco intrahospitalario: ¿una realidad posible en nuestro medio?

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i3.20643

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Médico  
 FURMENTO, Juan Francisco  
 M.N.142059  
 CARDIOLOGIA CLINICA

## ICMJE DISCLOSURE FORM

**Date:** 8 de Agosto de 2023

**Your Name:** Leonardo Adrián Seoane

**Manuscript Title:** Asistencia ventricular extracorpórea en el paro cardiaco intrahospitalario: ¿una realidad posible en nuestro medio?

**Manuscript Number (if known):** <http://dx.doi.org/10.7775/rac.es.v91.i3.20643>

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Leonardo Adrián Seoane

## ICMJE DISCLOSURE FORM

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**Your Name:** Lucrecia BUurgos

**Manuscript Title:** Asistencia ventricular extracorpórea en el paro cardiaco intrahospitalario: ¿una realidad posible en nuestro medio?

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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.



## ICMJE DISCLOSURE FORM

**Date:** 23/08/08.

**Your Name:** Juan Mariano Vrancic

**Manuscript Title:** Asistencia ventricular extracorpórea en el paro cardiaco intrahospitalario: ¿una realidad posible en nuestro medio?

**Manuscript Number (if known):** <http://dx.doi.org/10.7775/rac.es.v91.i3.20643>

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