

ICMJE DISCLOSURE FORM

Date: 7/5/2023

Your Name: Bevacqua Robertino

Manuscript Title: Accidente cerebrovascular posterior embólicosecundario a trombosis arterial subclavia

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i3.20638

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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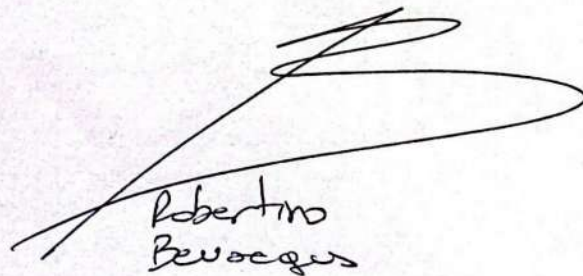
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 Roberto
 Benavides

ICMJE DISCLOSURE FORM

Date: 04/07/2023

Your Name: Pablo Cassaglia

Manuscript Title: Accidente cerebrovascular posterior embólico secundario a trombosis arterial subclavia

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i3.20638

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ICMJE DISCLOSURE FORM

Date: 7/4/2023

Your Name: Alicia Victoria Chavarri

Manuscript Title: Accidente cerebrovascular posterior embólico secundario a trombosis arterial subclavia

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20638>

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Alkie Chavarri
 Médica Hematóloga
 M.N. 129.870 - M.P. 483.811

ICMJE DISCLOSURE FORM

Date: 4/7/2023

Your Name: FUENTES Jorge Leandro

Manuscript Title: Accidente cerebrovascular posterior embólico secundario a trombosis arterial subclavia

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20638>

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Fuentes Jorge Leandro

ICMJE DISCLOSURE FORM

Date: 7/5/2023

Your Name: RAMIRO MALAGRINI

Manuscript Title: Accidente cerebrovascular posterior embólicosecundario a trombosis arterial subclavia

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i3.20638

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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.

RAMIRO MALAGRINI

ICMJE DISCLOSURE FORM

Date: 7/5/2023

Your Name: Norese Mariano

Manuscript Title: Accidente cerebrovascular posterior embólico secundario a trombosis arterial subclavia

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20638>

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.

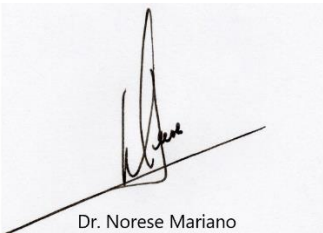
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| Time frame: Since the initial planning of the work | | | | | | | | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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