

## ICMJE DISCLOSURE FORM

**Date:** 13/01/2026  
**Your Name:** Margarida Castro  
**Manuscript Title:** Anomalías sistémicas y venosas pulmonares complejas: un caso clínico con imágenes multimodales  
**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i6.20948>

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.

	<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>				
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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> </table> <small>Click the tab key to add additional rows.</small>				
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Please place an "X" next to the following statement to indicate your agreement:</b>		
<input checked="" type="checkbox"/>	I certify that I have answered every question and have not altered the wording of any of the questions on this form.	

A stylized handwritten signature or set of initials, possibly 'JP', written in black ink. It features a large, looped 'J' and a 'P' with a horizontal line extending to the right.

12/13/2021 HCMJE Disclosure Form

A handwritten signature in black ink, appearing to read 'Margaret Kelly'.

## ICMJE DISCLOSURE FORM

**Date:** 13/01/2026

**Your Name:** Alberto Bouzas Mosquera

**Manuscript Title:** Anomalías sistémicas y venosas pulmonares complejas: un caso clínico con imágenes multimodales

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-  
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**Date:** 13/01/2026

**Your Name:** Rodrigo Aranibar Martínez

**Manuscript Title:** Anomalías sistémicas y venosas pulmonares complejas: un caso clínico con imágenes multimodales

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