

ICMJE DISCLOSURE FORM

Date: 17/11/2023
Your Name: Ian Chapman
Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20670

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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8	Patents planned, issued or pending	<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.



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Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos
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 Juan R. Costabel
 Medico
 M.M.: 119.403

ICMJE DISCLOSURE FORM

Date: 17/11/2023
Your Name: Julián Feder
Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos
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Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos
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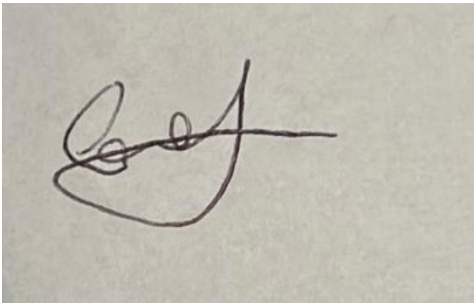
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A handwritten signature in dark ink on a light-colored background. The signature is stylized and appears to consist of several loops and a long horizontal stroke extending to the right.

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Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos
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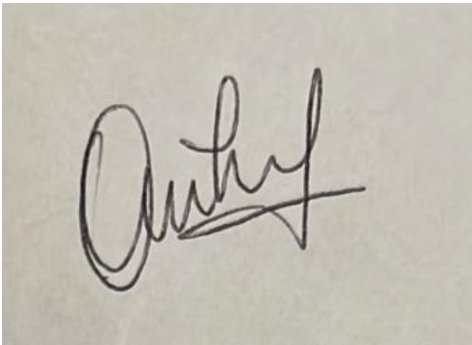
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A handwritten signature in black ink on a light-colored background. The signature is cursive and appears to read 'Anthony'.

ICMJE DISCLOSURE FORM

Date: 17/11/2023

Your Name: Pablo Lamelas

Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None 	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None 	
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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.



ICMJE DISCLOSURE FORM

Date: 17/11/2023
Your Name: Alan Sigal
Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20670

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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ICMJE DISCLOSURE FORM

Date: 17/11/2023
Your Name: Marcelo Trivi
Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20670

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A handwritten signature in black ink, appearing to be 'A. J. [unclear]', written over a horizontal line.

ICMJE DISCLOSURE FORM

Date: 17/11/2023

Your Name: Mariano Vrancic

Manuscript Title: Herramientas para la toma de decisiones en pacientes con enfermedad de múltiples vasos

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i4.20670

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