

## ICMJE DISCLOSURE FORM

**Date:** 22/05//2026

**Your Name:** Diego Martín Arluna

**Manuscript Title:** **Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas**

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v94.i3.21005

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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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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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.

Arluna Diego Martin  
MN 169.502

## ICMJE DISCLOSURE FORM

**Date:** 22/05//2026

**Your Name:** Daniel Martín

**Manuscript Title:** Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v94.i3.21005

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Dr. Daniel Martin

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**Your Name:** Camila Meza

**Manuscript Title:** **Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas**

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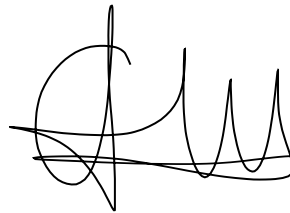
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**Date:** 22/05//2026

**Your Name:** Ornella Pacce

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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.

## ICMJE DISCLOSURE FORM

**Date:** 22/05//2026

**Your Name:** Marlon Alfonso Ruiz Holguín

**Manuscript Title:** **Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas**

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v94.i3.21005

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.

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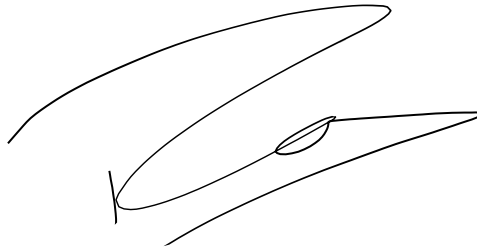
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## ICMJE DISCLOSURE FORM

**Date:** 22/05//2026

**Your Name:** Santiago Simone

**Manuscript Title:** **Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas**

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v94.i3.21005

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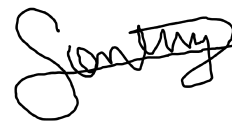
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**Simone Santiago**

## ICMJE DISCLOSURE FORM

**Date:** 22/05//2026

**Your Name:** Álvaro Sosa Liprandi

**Manuscript Title:** **Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas**

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1463 1516 1564"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1673 1516 1774"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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:** 22/05//2026

**Your Name:** Ricardo Villarreal

**Manuscript Title:** **Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas**

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v94.i3.21005

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<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%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <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>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**Date:** 22/05//2026

**Your Name:** Oscar Yesid Gómez Ramos

**Manuscript Title:** **Cribado de apnea obstructiva del sueño en pacientes con hipertensión arterial: desarrollo y validación interna de un modelo exploratorio basado en variables clínicas y ecocardiográficas**

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v94.i3.21005

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