

ICMJE DISCLOSURE FORM

Date: 20/11/2023
Your Name: Ana Cimati
Manuscript Title: Síndrome del Arlequín como presentación inusual de la disección carotídea
Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i6.20717>

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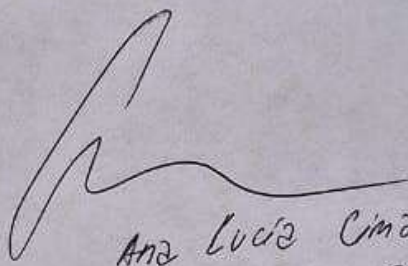
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 Ana Lucia Cimatti
 DNI 35972017
 MP 8828

ICMJE DISCLOSURE FORM

Date: 20/11/2023
Your Name: Juan Pablo Bonifacio
Manuscript Title: Síndrome del Arlequín como presentación inusual de la disección carotídea
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Dr. Juan Pablo Bonifacio
Mn. 134768 - MP 6680

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Your Name: Mariano Trevisán
Manuscript Title: Síndrome del Arlequín como presentación inusual de la disección carotídea
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i6.20717

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 KADRANO
 TREVISON
 DN: 22799360

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Your Name: Fernando Nazzetta
Manuscript Title: Síndrome del Arlequín como presentación inusual de la disección carotídea
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FERNANDO NAZZETTA
 Esp. en Cardiología
 MN 144962 MP 8162

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Manuscript Title: Síndrome del Arlequín como presentación inusual de la disección carotídea
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 JOLIS LUIS BOCAJ

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Your Name: Sebastián Bellia
Manuscript Title: Síndrome del Arlequín como presentación inusual de la disección carotídea
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1"> <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	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

	equipment, materials, drugs, medical writing, gifts or other services	☒ None						
13	Other financial or non-financial interests	☒ None <table border="1" style="width: 100%;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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.



SEBASTIÁN BELLIA
MÉDICO
M.N. 157.770 - M.P. 8.827

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