

ICMJE DISCLOSURE FORM

Date: 13/01/2026

Your Name: FERNANDO COHEN

Manuscript Title: **Prevalencia de endocarditis infecciosa en pacientes con reemplazo valvular aórtico transcatóter en un centro de referencia**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20943>

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)						
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3	Royalties or licenses	<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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 543 1520 646"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 785 1520 888"> <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.



Fernando Cohen
DNI 290.060.931

ICMJE DISCLOSURE FORM

Date: 13/01/2026

Your Name: IGNACIO M. SEROPIAN

Manuscript Title: **Prevalencia de endocarditis infecciosa en pacientes con reemplazo valvular aórtico transcáteter en un centro de referencia**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20943>

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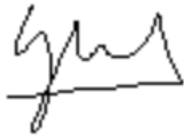
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	None	
		Proctoring Services: Edwards Lifesciences, Boston Scientific, Meril	

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.



Dr. IGNACIO SEROPIAN
M. N: 132169

ICMJE DISCLOSURE FORM

Date: 13/01/2026

Your Name: SEBASTIÁN PIÑEL

Manuscript Title: **Prevalencia de endocarditis infecciosa en pacientes con reemplazo valvular aórtico transcatóter en un centro de referencia**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20943>

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1113 1520 1218"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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	Click the tab key to add additional rows.

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Date: 20/01/2026

Your Name: CRISTIAN M. GARMENDIA

Manuscript Title: Prevalencia de endocarditis infecciosa en pacientes con reemplazo valvular aórtico transcáteter en un centro de referencia

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20943>

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Date: 13/01/2026

Your Name: MARTIN DENICOLAI

Manuscript Title: **Prevalencia de endocarditis infecciosa en pacientes con reemplazo valvular aórtico transcáteter en un centro de referencia**

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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.




Martin Denicolai

ICMJE DISCLOSURE FORM

Date: 13/01/2026

Your Name: GIULIANA CORNA

Manuscript Title: **Prevalencia de endocarditis infecciosa en pacientes con reemplazo valvular aórtico transcatóter en un centro de referencia**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20943>

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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Date: 13/01/2026

Your Name: CARLA R. AGATIELLO1

Manuscript Title: **Prevalencia de endocarditis infecciosa en pacientes con reemplazo valvular aórtico transcatóter en un centro de referencia**

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