

ICMJE DISCLOSURE FORM

Date: 03/03/2026

Your Name: María Eugenia Aguirre

Manuscript Title: PERFORACIÓN SEPTAL COMO COMPLICACIÓN DE SÍNDROME DE TAKOTSUBO: UNA COMPLICACIÓN RARA, PERO POTENCIALMENTE LETAL

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i1.20959>

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Abigail
Maria
Esbela

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Date: 03/03/2026

Your Name: María Belén Barbosa

Manuscript Title: PERFORACIÓN SEPTAL COMO COMPLICACIÓN DE SÍNDROME DE TAKOTSUBO: UNA COMPLICACIÓN RARA, PERO POTENCIALMENTE LETAL

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Date: 03/03/2026

Your Name: Gustavo Sánchez

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Firma y Aclaración

DR. Sanchez Gustavo Anibal N.M. 82451

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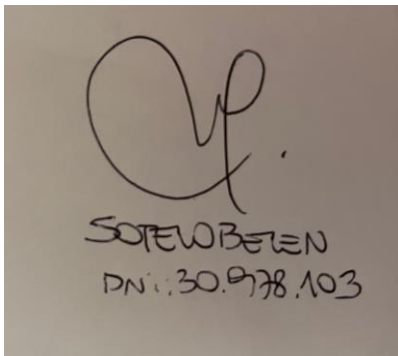
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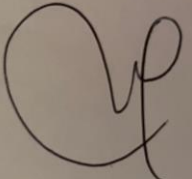
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.




 SOPELOBELEN
 DNI: 30.978.103

ICMJE DISCLOSURE FORM

Date: 03/03/2026

Your Name: Fernando Spernanzoni

Manuscript Title: PERFORACIÓN SEPTAL COMO COMPLICACIÓN DE SÍNDROME DE TAKOTSUBO: UNA COMPLICACIÓN RARA, PERO POTENCIALMENTE LETAL

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i1.20959

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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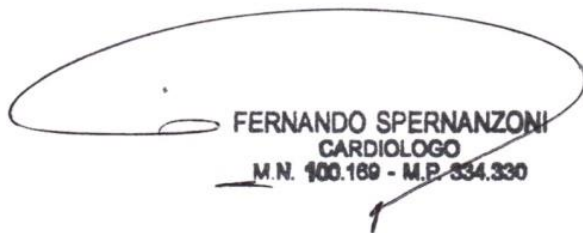
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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> </table>									
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7	Support for attending meetings and/or travel	<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> </table>									
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