

ICMJE DISCLOSURE FORM

Date: 20/12/2023
Your Name: Jorge Lowenstein
Manuscript Title: El fulcro cardíaco y su relación con el nódulo auriculoventricular
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i6.20722

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None X	
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		Nada	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None X	
		Nada	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None X	
		Nada	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None X	
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11	Stock or stock options	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		Nada	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		Nada	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
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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.



Dr. Jorge Lowenstein

ICMJE DISCLOSURE FORM

Date: 20/12/2023
Your Name: Marta Cohen
Manuscript Title: El fulcro cardíaco y su relación con el nódulo auriculoventricular
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i6.20722

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Date: 20/12/2023
 Your Name: Alejandro Trainini
 Manuscript Title: El fulcro cardíaco y su relación con el nódulo auriculoventricular
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i6.20722

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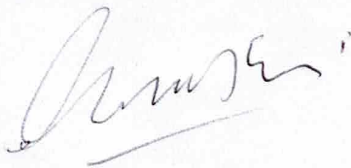
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[Handwritten signature]

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Date: 20/12/2023
 Your Name: María Elena Bastarrica
 Manuscript Title: El fulcro cardíaco y su relación con el nódulo auriculoventricular
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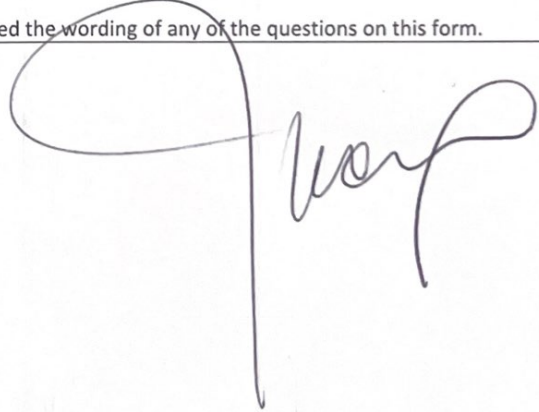
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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	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 X	
	Nada	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	
	<input checked="" type="checkbox"/> None X	
	Nada	
13	Other financial or non-financial interests	
	<input checked="" type="checkbox"/> None X	
	Nada	

Please place an "X" next to the following statement to indicate your agreement:

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


 Dr. Benjamin Elenwaig
 Cardiologo
 M.N. 48056

ICMJE DISCLOSURE FORM

Date: 20/12/2023
 Your Name: Mario Beraudo
 Manuscript Title: El fútero cardiaco y su relación con el nódulo auriculoventricular
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v01.i6.20722

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. Disclosing 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)				
Time frame: Since the initial planning of the work						
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Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above)	<input checked="" type="checkbox"/> None <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Nada</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Nada			
Nada						
3	Royalties or incomes	<input checked="" type="checkbox"/> None <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Nada</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Nada			
Nada						

		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)
4	Consulting fees	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <input type="checkbox"/>	
		None	
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13	Other financial or non-financial interests <input type="checkbox"/> None <input type="checkbox"/> Name _____ _____	

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DR. GERARDO MARÍN
 CIRUGIA GENERAL
 CIRUGIA VASCULAR
 M.P. 3222

ICMJE DISCLOSURE FORM

Date: 20/12/2023
 Your Name: Mario Wernicke
 Manuscript Title: El fulcro cardiaco y su relación con el nódulo auriculoventricular
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v9i1.16.20722

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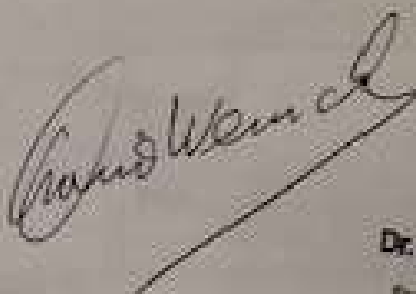
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Nada</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Nada					
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Dr. Mario Werricka
M.D.
Especialista

Dr. Mario Werricka
M.D.
Especialista en Pedagogía