

ICMJE DISCLOSURE FORM

Date: 22/05/2026

Your Name: Sofia N. Fernández

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None Click the tab key to add additional rows.
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None
3	Royalties or licenses	☒ None


Sofia Fernández

		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	☒ None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None 	
6	Payment for expert testimony	☒ None 	
7	Support for attending meetings and/or travel	☒ None 	
8	Patents planned, issued or pending	☒ None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None 	

S. J. J. J.
Sofia
Fernández

		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	☒ None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.

Ester Vargor E.

[Signature]
 Sofia Fernández

[Signature]
 Sofia Fernández

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Daniel Chirino

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> Click the tab key to add additional rows.						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
3	Royalties or licenses	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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)								
4	Consulting fees	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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>									

		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	☒ None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.


 DANIEL CHIRINO
 Médico Cardiólogo
 M.N. 111892
 21/06/2026

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>						
13	Other financial or non-financial interests	☒ None <table border="1"> <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.								

Carlos Vargas E.

CAD
 CLAUDIO A. DIZEO
 M.N. 75374
 JEFE DE UCO
 SANATORIO FRANCHINI

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Alejandro S. Kufert

Manuscript Title: Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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.

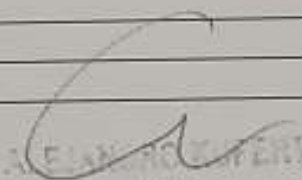
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None
3	Royalties or licenses	☒ None

4	Consulting fees	☒ None							
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>						
1	Stock or stock options	☒ None							

2/13/2021 ICMJE Disclosure Form


 J. E. L. ROBERT
 MD PhD
 JUL 2018

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None
13	Other financial or non-financial interests	☒ 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.

Robert Vargos E.

C. E. Vargos
 MEDICAL
 M.D. 00348

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Mariela S. Leonardi

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None
3	Royalties or licenses	☒ None
4	Consulting fees	☒ None

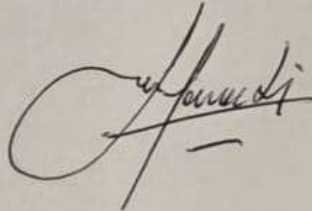
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None	
6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☒ None	
8	Patents planned, issued or pending	☒ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None	
11	Stock or stock options	☒ None	
12	Receipt of		

		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)
	equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.

Carl Vargol E.



ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Alejandro D. Mansur

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None	
3	Royalties or licenses	☒ None	
4	Consulting fees	☒ None	

		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)								
		<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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										

		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)
	equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.

Barla Vargot E.

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: María L. Rodríguez Vázquez

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None Click the tab key to add additional rows.
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None
3	Royalties or licenses	☒ None

		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	☒ None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None 	
6	Payment for expert testimony	☒ None 	
7	Support for attending meetings and/or travel	☒ None 	
8	Patents planned, issued or pending	☒ None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None 	


 Dra. MARIA L. RODRIGUEZ VAZQUEZ
 MEDICA CARDIOLOGA
 M. N. 50.874

		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	☒ None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.

Carlos Vargas E.

Maria Vazquez
 DR. MARIA V. RODRIGUEZ VAZQUEZ
 MEDICA CARDIOLOGA
 M.N. 60.874

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: María L. Rodríguez Vázquez

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None Click the tab key to add additional rows.
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None
3	Royalties or licenses	☒ None

		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	☒ None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None 	
6	Payment for expert testimony	☒ None 	
7	Support for attending meetings and/or travel	☒ None 	
8	Patents planned, issued or pending	☒ None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None 	


 Dra. MARIA L. RODRIGUEZ VAZQUEZ
 MEDICA CARDIOLOGA
 M. N. 50.874

		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	☒ None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.

Carlos Vargas E.

Maria Vazquez
 DR. MARIA V. RODRIGUEZ VAZQUEZ
 MEDICA CARDIOLOGA
 M.N. 60.874

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Daniel Chirino

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> Click the tab key to add additional rows.						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						
3	Royalties or licenses	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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)								
4	Consulting fees	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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>									

		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	☒ None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.


 DANIEL CHIRINO
 Médico Cardiólogo
 M.N. 111892

21/06/2026

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Mariela S. Leonardi

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None
3	Royalties or licenses	☒ None
4	Consulting fees	☒ None

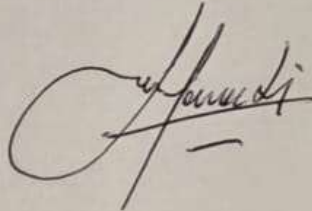
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None	
6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☒ None	
8	Patents planned, issued or pending	☒ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None	
11	Stock or stock options	☒ None	
12	Receipt of		

		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)
	equipment, materials, drugs, medical writing, gifts or other services	☒ None 	
13	Other financial or non-financial interests	☒ 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.

Carl Vargol E.



ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Alejandro D. Mansur

Manuscript Title: **Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
3	Royalties or licenses	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
4	Consulting fees	☒ None							

		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)								
		<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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										

		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)
	equipment, materials, drugs, medical writing, gifts or other services	☒ None	
13	Other financial or non-financial interests	☒ 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.

Barbara Vargel E.



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>						
13	Other financial or non-financial interests	☒ None <table border="1"> <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.								

Carlos Vargas E.

CAD
 CLAUDIO A. DIZEO
 M.N. 75374
 JEFE DE UCO
 SANATORIO FRANCHINI

ICMJE DISCLOSURE FORM

Date: 22/05//2026

Your Name: Alejandro S. Kufert

Manuscript Title: Diferencias entre el comportamiento de la función diastólica y el strain longitudinal global en el ecocardiograma de estrés de paciente ancianos diabéticos versus no diabéticos

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i3.21003>

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.

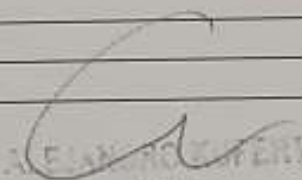
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None
3	Royalties or licenses	☒ None

4	Consulting fees	☒ None							
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>						
1	Stock or stock options	☒ None							

2/13/2021 ICMJE Disclosure Form


 J. E. L. ROBERT
 MD PhD
 JUL 2018

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None
13	Other financial or non-financial interests	☒ 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.

Estel Vargas E.

C. E. / Dr. TO KOFERT
 MEDICO
 MAT. 00348