

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024  
**Your Name:** LAURA BOERO  
**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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

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Dra. Laura Boero

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024

**Your Name:** FERNANDO BRITES

**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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Dr Fernando Brites

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**Date:** 15/03/2024  
**Your Name:** BELEN DAVICO  
**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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Davico Belen

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**Your Name:** GUSTAVO GIUNTA  
**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2  
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Dr Gustavo Giunta

MN 99330

29/4/24

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**Your Name:** LEONARDO GÓMEZ ROSSO  
**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2  
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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.



Dr. Leonardo Gómez Rosso

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024

**Your Name:** Rodrigo Esparza Iraola

**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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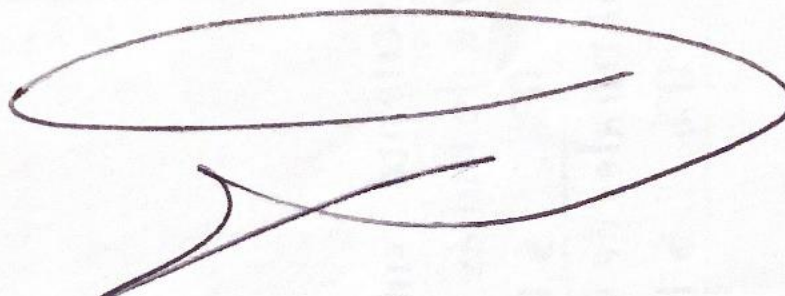
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A handwritten signature in dark ink, consisting of a large, loopy initial 'S' followed by a stylized surname.

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024  
**Your Name:** Ezequiel Lozano Chiappe  
**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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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.

Ezequiel Lozano Chiappe

## ICMJE DISCLOSURE FORM

Date: 15/03/2024  
 Your Name: Marina Marchesini  
 Manuscript Title: Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2  
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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112/13/2021 ICMJE Disclosure Form								

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*mama*

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*Judy*      *malesum mauna*

## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024  
**Your Name:** MAXIMILIANO MARTÍN  
**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1516 403"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 508 1516 613"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 831 1516 936"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1041 1516 1146"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1251 1516 1356"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1461 1516 1566"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1671 1516 1776"> <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	<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	<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.



## ICMJE DISCLOSURE FORM

**Date:** 15/03/2024

**Your Name:** María Florencia Pérez

**Manuscript Title:** Diferencia en las distintas funciones de las lipoproteínas de alta densidad en respuesta a la infección por SARS-CoV-2

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i2.20754

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.

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <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> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <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>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 266 1502 401"> <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>									
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 831 1502 934"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 1041 1502 1144"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 1251 1502 1354"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 1461 1502 1564"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="367 1671 1502 1774"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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Maria Florencia Pérez