

ICMJE DISCLOSURE FORM

Date: 6/29/2023

Your Name: DAMIAN EZEQUIEL HOLOWNIA

Manuscript Title: Perfil de riesgo cardiovascular en mujeres de tres entornos de la Provincia de Tucumán - Argentina

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v91.i3.20629

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.

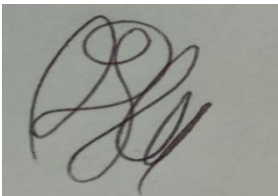
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
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		No	No
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		No	No
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		No	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
		No	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
		No	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NO	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		No	No
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		NO	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		NO	

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: 6/29/2023

Your Name: Rodrigo O. Marañón

Manuscript Title: Perfil de riesgo cardiovascular en mujeres de tres entornos de la Provincia de Tucumán - Argentina

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v91.i3.20629>

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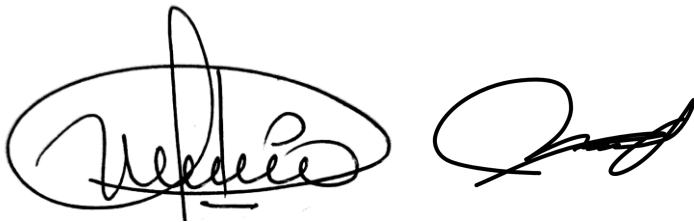
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



ICMJE DISCLOSURE FORM

Date: 10/02/2023

Your Name: MARIO ORESTE MARTINENGI

Manuscript Title: Perfil de riesgo cardiovascular en mujeres de tres entornos de la Provincia de Tucumán - Argentina

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v91.i3.20629

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ICMJE DISCLOSURE FORM

Date: 6/29/2023

Your Name: Claudio Joo Turoni

Manuscript Title: Perfil de riesgo cardiovascular en mujeres de tres entornos de la Provincia de Tucumán - Argentina

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v91.i3.20629>

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Claudio H. Joo Turoni
 Prof. Dr. CLAUDIO H. JOO TURONI
 DOCTOR EN MEDICINA
 ESPECIALISTA EN CARDIOLOGIA
 M.P. 5523 - M.N. 280003