

ICMJE DISCLOSURE FORM

Date: 11/03/2024
Your Name: JUAN PABLO COSTABEL
Manuscript Title: REGISTRO ARGENTINO DE MINOCA. DESCRIPCIÓN DE LA POBLACIÓN.
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20476

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 592 1516 693"> <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="383 798 1516 898"> <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 1003 1516 1104"> <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 1209 1516 1310"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

Juan P. Costabel
 Médico
 M.M.: 119.403

ICMJE DISCLOSURE FORM

Date: 11/03/2024
Your Name: MAURO GINGINS
Manuscript Title: REGISTRO ARGENTINO DE MINOCA. DESCRIPCIÓN DE LA POBLACIÓN.
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20476

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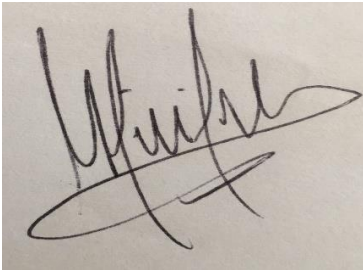
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Please place an "X" next to the following statement to indicate your agreement:

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



A handwritten signature in black ink, appearing to read 'M. J. [unclear]', written over a horizontal line.

ICMJE DISCLOSURE FORM

Date: 11/03/2024
Your Name: GUILLERMO PEREZ
Manuscript Title: REGISTRO ARGENTINO DE MINOCA. DESCRIPCIÓN DE LA POBLACIÓN.
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20476

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Guillermo M. Perez
 Cardiólogo UBA - SAC
 MN 157.456

ICMJE DISCLOSURE FORM

Date: 11/03/2024
 Your Name: FABRICIO PROCOPIO
 Manuscript Title: REGISTRO ARGENTINO DE MINOCA. DESCRIPCIÓN DE LA POBLACIÓN.
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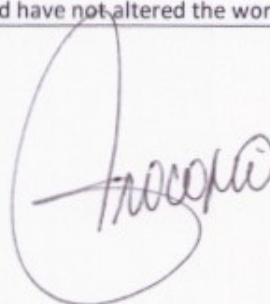
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Fabricia Gastón Precopio
MEDICO
COORD. DE UNIDAD CORONARIA
H.U.F.F. M.N. 113070

13.05.2024

ICMJE DISCLOSURE FORM

Date: 11/03/2024
Your Name: MIRZA RIVERO
Manuscript Title: REGISTRO ARGENTINO DE MINOCA. DESCRIPCIÓN DE LA POBLACIÓN.
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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.


 Mirza Rivero.

ICMJE DISCLOSURE FORM

Date: 11/03/2024
Your Name: VALENTÍN ROEL
Manuscript Title: REGISTRO ARGENTINO DE MINOCA. DESCRIPCIÓN DE LA POBLACIÓN.
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20476

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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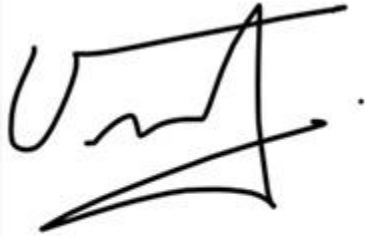
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VALENTIN C. ROEL

Especialista en cardiología UBA-SAC
 MN 129.968

ICMJE DISCLOSURE FORM

Date: 11/03/2024
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Manuscript Title: REGISTRO ARGENTINO DE MINOCA. DESCRIPCIÓN DE LA POBLACIÓN.
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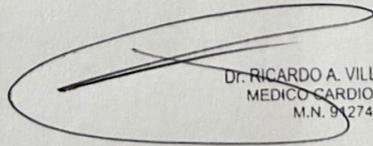
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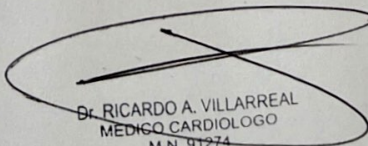
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 Dr. RICARDO A. VILLARREAL
 MEDICO CARDIOLOGO
 M.N. 91274

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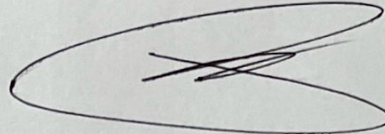
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