

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: María F. Renedo

Manuscript Title: TERAPIA DE RESINCRONIZACIÓN CARDIACA. EVOLUCIÓN A LARGO PLAZO DE LOS PACIENTES RESPONDEDORES Y NO RESPONDEDORES A LA TERAPIA

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20771

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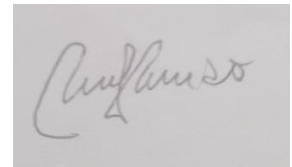
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Please place an "X" next to the following statement to indicate your agreement:

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Dra. María Florencia Renedo

M.N 125.068

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 Dr. Guillermo Carrero
 Ciudad, MN 55103-0001
 HMB, Ltd. a
 Psicólogo
 Avalor

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Date: 24/05/2024
 Your Name: Néstor O. Gallzio
 Manuscript Title: TERAPIA DE RESINCRONIZACIÓN CARDIACA. EVOLUCIÓN A LARGO PLAZO DE LOS PACIENTES RESPONDEDORES Y NO RESPONDEDORES A LA TERAPIA
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 Doctor Cesar Galizio
 M.N. 55828
 Director División Electrofisiología
 sp. Univ. Fundación Favalaro

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Date: 24/05/2024
Your Name: María E. Santillán
Manuscript Title: TERAPIA DE RESINCRONIZACIÓN CARDIACA. EVOLUCIÓN A LARGO PLAZO DE LOS PACIENTES RESPONDEDORES Y NO RESPONDEDORES A LA TERAPIA
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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) |
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| 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.

Dra. Santillan Maria Eugenia
 M.N. 17341
 Servicio Electrorfisiologia
 Hosp. Univ. Fundación Favaleto

ICMJE DISCLOSURE FORM

Date: 24/05/2024
 Your Name: Mauricio Mysuta
 Manuscript Title: TERAPIA DE RESINCRONIZACIÓN CARDIACA. EVOLUCIÓN A LARGO PLAZO DE LOS PACIENTES RESPONDEDORES Y NO RESPONDEDORES A LA TERAPIA
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20771

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. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> | | |
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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 <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> </table> | | |
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| 1 | Consulting fees <input checked="" type="checkbox"/> None <table border="1" data-bbox="368 333 943 465"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | <table border="1" data-bbox="943 333 1530 465"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | |
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| 6 | Payment for expert testimony <input checked="" type="checkbox"/> None <table border="1" data-bbox="368 891 943 992"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | <table border="1" data-bbox="943 891 1530 992"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | |
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| 7 | Support for attending meetings and/or travel <input checked="" type="checkbox"/> None <table border="1" data-bbox="368 1093 943 1193"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | <table border="1" data-bbox="943 1093 1530 1193"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | |
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| 8 | Patents planned, issued or pending <input checked="" type="checkbox"/> None <table border="1" data-bbox="368 1294 943 1400"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | <table border="1" data-bbox="943 1294 1530 1400"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board <input checked="" type="checkbox"/> None <table border="1" data-bbox="368 1503 943 1608"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | <table border="1" data-bbox="943 1503 1530 1608"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | |
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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" data-bbox="368 1711 943 1816"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | <table border="1" data-bbox="943 1711 1530 1816"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> | | | |
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| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <input checked="" type="checkbox"/> 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: 24/05/2024
Your Name: María E. Amrein
Manuscript Title: TERAPIA DE RESINCRONIZACIÓN CARDIACA. EVOLUCIÓN A LARGO PLAZO DE LOS PACIENTES RESPONDEDORES Y NO RESPONDEDORES A LA TERAPIA
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20771

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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.

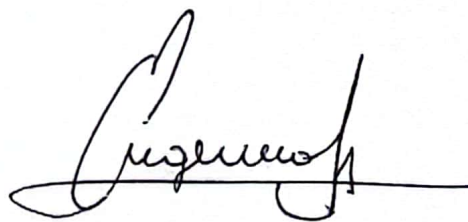
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|---|---|---|--|--|--|--|--|--|
| Time frame: Since the initial planning of the work | | | | | | | | |
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| 4 | Consulting fees <input checked="" type="checkbox"/> None <table border="1" data-bbox="379 342 1477 477"> <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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| 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="379 1688 1477 1812"> <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.



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 Dr. Jose Luis Gonzalez
 MN 58639
 Co-Director División Electrofisiología
 Hospital Universitario Fundación Favalora