

## ICMJE DISCLOSURE FORM

**Date:** 27/12/2024

**Your Name:** Yanina Castillo Costa

**Manuscript Title:** Características y evolución del shock cardiogénico de acuerdo con el sexo en Latinoamérica. Datos del registro LATIN Shock

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i6.20842

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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.

## ICMJE DISCLOSURE FORM

**Date:** 27/12/2024

**Your Name:** María de los Ángeles Navarta Navarro

**Manuscript Title:** Características y evolución del shock cardiogénico de acuerdo con el sexo en Latinoamérica. Datos del registro LATIN Shock

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i6.20842

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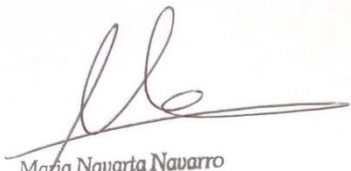
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Please place an "X" next to the following statement to indicate your agreement:

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



Maria Navarta Navarro  
MÉDICA CARDIOLOGA  
M.P. 5035 - M.N. 187580

## ICMJE DISCLOSURE FORM

**Date:** 27/12/2024

**Your Name:** Mariano Adamowski

**Manuscript Title:** Características y evolución del shock cardiogénico de acuerdo con el sexo en Latinoamérica. Datos del registro LATIN Shock

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i6.20842

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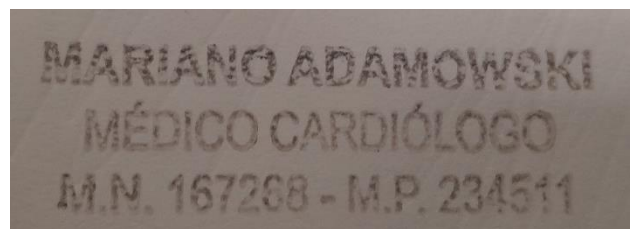
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MARIANO ADAMOWSKI  
MÉDICO CARDIÓLOGO  
M.N. 167268 - M.P. 234511

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**Your Name:** Miguel Quintana

**Manuscript Title:** Características y evolución del shock cardiogénico de acuerdo con el sexo en Latinoamérica. Datos del registro LATIN Shock

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Date: 27/12/2024  
 Your Name: Flavio Delfino  
 Manuscript Title: Características y evolución del shock cardiogénico de acuerdo con el sexo en Latinoamérica. Datos del registro LATIN Shock  
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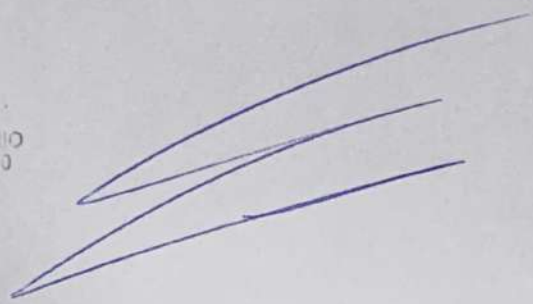
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FLAVIO DELFINO  
 MÉDICO U.B.A.  
 CARDIÓLOGO UNIVERSITARIO  
 M.N. 149414 - M.P. 457100



		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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.

FLAVIO DELFINO  
MÉDICO U.B.A.  
CARDIÓLOGO UNIVERSITARIO  
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