

ICMJE DISCLOSURE FORM

Date: 17/01/2025
Your Name: María Alejandra Von Wulffen
Manuscript Title: NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v93.i1.20851

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TPC M. Alejandra von Wulffen
M.N. N° 178
Study Coordinator

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Date: 17/01/2025
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Manuscript Title: NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA
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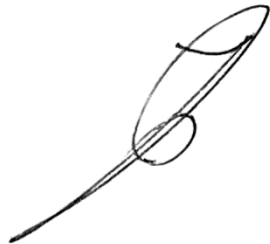
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Justo Carbajales MN 66208

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Date: 17/01/2025
Your Name: M. Victoria Carvelli
Manuscript Title: NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA
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Dra. María Victoria Carvelli
M.N: 167.146
Médica Cardióloga

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Date: 17/01/2025
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Manuscript Title: NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA
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Manuel Lago
Medico Cardiólogo

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Date: 17/01/2025
Your Name: Analía G. Paolucci
Manuscript Title: **NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA**
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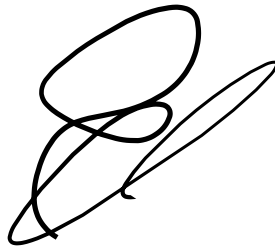
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1045 1516 1146"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1255 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 1465 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 1675 1516 1776"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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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.



Analía Gladys Paolucci
Médica cardióloga
MN 122582

ICMJE DISCLOSURE FORM

Date: 17/01/2025

Your Name: Marío B. Principato

Manuscript Title: NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v93.i1.20851

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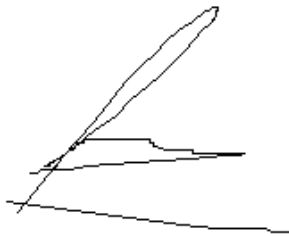
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Please place an "X" next to the following statement to indicate your agreement:

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



Dr Mario Principato
Médico Cardiólogo
MN 79942 MP 39415

ICMJE DISCLOSURE FORM

Date: 17/01/2025
 Your Name: Paola Settepassi
 Manuscript Title: NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v93.i1.20851

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PAOLA SETTEPASSI
 MN 161957
 DNI 35265304

ICMJE DISCLOSURE FORM

Date: 17/01/2025
Your Name: Alejandro Tomatti
Manuscript Title: NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v93.i1.20851

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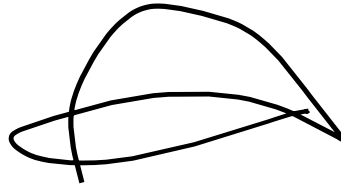
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Alejandro Tomatti
Médico Cardiólogo

MN 62367 MP220561

ICMJE DISCLOSURE FORM

Date: 17/01/2025

Your Name: Rocío del Cielo Villa Fernández

Manuscript Title: **NUEVAS VARIANTES GENÉTICAS ASOCIADAS A MIOCARDIOPATÍA DILATADA ADQUIRIDA**

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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: 15px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>									
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: 15px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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.



Rocío del Cielo Villa Fernández
 Médica Cardiologa
 MN 151429