

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Juan Pablo Costabel

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i3.20906

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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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 COSTABEL, Juan Pablo
Firma y aclaración
M.N.119403

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: María Victoria Carvelli

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

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

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Dra. María Victoria Carvelli
M.N: 167.146
Médica Cardióloga

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Pablo Elissamburu

Manuscript Title: Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global

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Dr ELISSAMBURU, Pablo Fernando
 Firma y aclaración
 M.N.123812

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Osvaldo Masoli

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

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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. Osvaldo H. Masoli
M.N: 52.691
Médico Cardiólogo

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Alejandro Meretta

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i3.20906

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1516 401"> <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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 510 1516 611"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 833 1516 934"> <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 1043 1516 1144"> <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 1253 1516 1354"> <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 1463 1516 1564"> <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 1673 1516 1774"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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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	
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Dr. Alejandro H. Meretta
 Medico Cardiólogo
 Especialista en Medicina Nuclear
 MN : 65.791

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Néstor Pérez Baliño

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20906>

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1249 1516 1350"> <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 1457 1516 1558"> <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.



Dr. Nestor A. Perez Baliño
M.N: 38.399
Médico Cardiólogo

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: María del Rosario Rodríguez

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20906>

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RODRIGUEZ, Maria Del Rosario
Firma y aclaración
M.N.171261

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Daniel Rosa

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i3.20906

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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.



Dr. Daniel O. Rosa
M.N: 91.293

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Ana Spaccavento

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i3.20906

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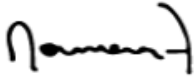
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



SPACCAVENTO, Ana
 Firma y aclaración
 M.N.172520

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Mariana Corneli

Manuscript Title: **Análisis de la reserva de flujo miocárdico en pacientes con amiloidosis cardíaca por transtirretina. Su relación con la distribución de amiloide cardíaco y el strain longitudinal global**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20906>

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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Dra. Corneli Mariana
M.N: 127.758
Médica Cardióloga