

ICMJE DISCLOSURE FORM

Date: 15/03/2025
 Your Name: Roberto Cristodulo Cortez
 Manuscript Title: Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia
 Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20875

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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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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="284 293 1332 383"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="284 483 1332 577"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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 Robert Cristodub

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Date: 15/03/2025

Your Name: Alejandro N Barbagelata

Manuscript Title: Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20875

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A handwritten signature in black ink, appearing to read 'D. J. St.', is written over a horizontal dotted line.

ICMJE DISCLOSURE FORM

Date: 15/03/2025

Your Name: NATHALIE DANIELA ROJAS GHIRARDELLO

Manuscript Title: Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20875

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Date: 15/03/2025

Your Name: Ligia Maria Fernandez Flores

Manuscript Title: Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20875

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Dra. Ligia Maria Fernández Flores
Cardiologa
Mat. Prof. F-728

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Date: 15/03/2025

Your Name: Juan Manuel Vaca Villarroel

Manuscript Title: **Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20875>

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Date: 15/03/2025

Your Name: Jorge Montero Cespedes

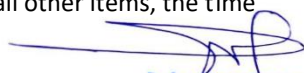
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Dr. Jorge Montero Cespedes
 ESPECIALISTA EN CARDIOLOGIA
 TERAPIA INTENSIVA
 M-429-CMD 581 - Sección M009232

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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.

ICMJE DISCLOSURE FORM

Date: 15/03/2025

Your Name: Luis Lijeron Alba

Manuscript Title: Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20875

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ICMJE DISCLOSURE FORM

Date: 15/03/2025

Your Name: Matías Cristodulo Sivila

Manuscript Title: Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20875

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ICMJE DISCLOSURE FORM

Date: 15/03/2025

Your Name: Juan Dalas Ticona Villarroel

Manuscript Title: **Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20875>

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Juan Dalas Ticona Villarroel

ICMJE DISCLOSURE FORM

Date: 26/03/2025

Your Name: José Alejandro Villagómez Ledezma

Manuscript Title: Registro de insuficiencia cardiaca en Santa Cruz de la Sierra - Bolivia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20875

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <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"> <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"> <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"> <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"> <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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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)						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1516 369"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 478 1516 575"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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.

