ICMJE DISCLOSURE FORM

Date:	15/03/2024
Your Name:	PABLO CORRAL
Manuscript Title:	**Colesterol asociado a lipoproteína de baja densidad (cLDL) y enfermedad cardiovascular aterosclerótica: ¿es necesaria más evidencia para atribuir su rol causal?**
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i2.20477

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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.

		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			
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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	**None**	
		Amgen	
		PTC	
3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	**None**	
		Amgen	
		Novartis	
		PTC Gador Servier Pfizer Bago TEVA Baliarda Boheringer Novo Nordisk	
6	Payment for expert testimony	**None**	
		Gador	
		Novartis	
		PTC	
7	Support for attending meetings and/or travel	☒ **None**	
		Boheringer	
		Gador	
		Novartis	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
		MSD	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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.

Pablo Corral

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Date:	15/03/2024
Your Name:	AUGUSTO LAVALLE COBO
Manuscript Title:	**Colesterol asociado a lipoproteína de baja densidad (cLDL) y enfermedad cardiovascular aterosclerótica: ¿es necesaria más evidencia para atribuir su rol causal?**
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
		Gador	NovoNordisk
		Elea	Novartis
		Raffo	Baliarda
		Boheringer Ingelheim	Astra Zeneca
		PTC	Bagó
		Servier	
6	Payment for expert testimony	☒ **None**	
		Bayer	
		Gador	
		Raffo	
		GSK	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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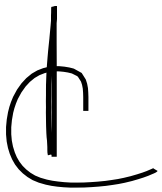

Augusto Lavalle Cobo