

ICMJE DISCLOSURE FORM

Date: 15/03/2024
Your Name: PABLO LAMELAS
Manuscript Title: IMPACTO DE UN MODELO ASISTENCIAL ESPECIFICAMENTE DISEÑADO EN EL PROGRAMA DE ANGIOPLASTIA AMBULATORIA
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20770

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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Dr Pablo Lamelas

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Date: 15/03/2024

Your Name: GUSTAVO O. PEDERNEIRA

Manuscript Title: IMPACTO DE UN MODELO ASISTENCIAL ESPECIFICAMENTE DISEÑADO EN EL PROGRAMA DE ANGIOPLASTIA AMBULATORIA

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Manuscript Title: IMPACTO DE UN MODELO ASISTENCIAL ESPECIFICAMENTE DISEÑADO EN EL PROGRAMA DE ANGIOPLASTIA AMBULATORIA
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Dr. Santiago Ordoñez
Cardiologo Intervencionista
M.N. 148339
ICBA Institute Cardiovascular

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Dr. PADILLA (H), Lucio T.

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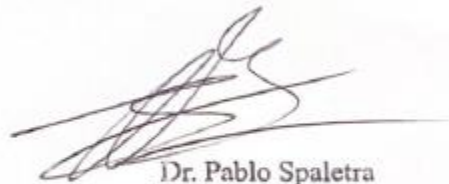
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1205 1516 1306"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1411 1516 1512"> <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="386 1617 1516 1717"> <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" data-bbox="386 1843 1516 1944"> <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. Pablo Spaletta
 Cardiólogo Intervencionista
 M.N.: 129332 - M.P.: 456280
 ICBA Instituto Cardiovascular

ICMJE DISCLOSURE FORM

Date: 15/03/2024

Your Name: FERNANDO A. CURA

Manuscript Title: IMPACTO DE UN MODELO ASISTENCIAL ESPECIFICAMENTE DISEÑADO EN EL PROGRAMA DE ANGIOPLASTIA AMBULATORIA

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20770

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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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.

[Handwritten Signature]
Dr. Fernando Cura
 Cardiólogo Intervencionista
 M.M. 82590/M.P. 449161
 ICBA Instituto Cardiovascular

ICMJE DISCLOSURE FORM

Date: 15/03/2024
Your Name: JORGE BELARDI
Manuscript Title: IMPACTO DE UN MODELO ASISTENCIAL ESPECIFICAMENTE DISEÑADO EN EL PROGRAMA DE ANGIOPLASTIA AMBULATORIA
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20770

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Dr Jorge A. Belardi
 Cardiólogo
 MN Nº: 39.822

ICMJE DISCLOSURE FORM

Date: 15/03/2024
Your Name: FEDERICO LIBERMAN
Manuscript Title: IMPACTO DE UN MODELO ASISTENCIAL ESPECIFICAMENTE DISEÑADO EN EL PROGRAMA DE ANGIOPLASTIA AMBULATORIA
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20770

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1207 1516 1310"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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