ICMJE DISCLOSURE FORM

Date:	01/09/2024
Your Name:	DIEGO MARTÍN ARLUNA
Manuscript Title:	**Hipertensión arterial nocturna: análisis según su gravedad**
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i4.20798

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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Dr. Arluna Diego Martín

☒ 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: 01/09/2024
Your Name: EVELYN ANABELLA FIORI
Manuscript Title: **Hipertensión arterial nocturna: análisis según su gravedad**
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Date:	01/09/2024
Your Name:	OSCAR GÓMEZ
Manuscript Title:	**Hipertensión arterial nocturna: análisis según su gravedad**
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i4.20798

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Date:	01/09/2024
Your Name:	DAMIÁN JESÚS MALANO
Manuscript Title:	**Hipertensión arterial nocturna: análisis según su gravedad**
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Damián Jesús Malano
DNI: 37.874.479

ICMJE DISCLOSURE FORM

Date: 01/09/2024
Your Name: DANIEL MARTÍN
Manuscript Title: **Hipertensión arterial nocturna: análisis según su gravedad**
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i4.20798

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Dr. Daniel Martin

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Date:	01/09/2024
Your Name:	CAMILA MUSLERA
Manuscript Title:	**Hipertensión arterial nocturna: análisis según su gravedad**
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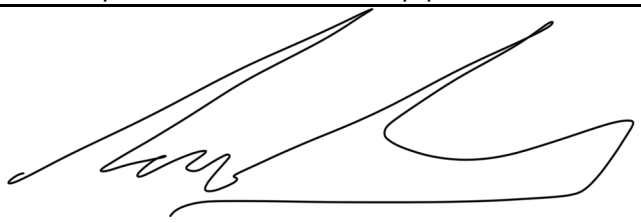

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Date: 01/09/2024
Your Name: JOAQUIN PEREA
Manuscript Title: **Hipertensión arterial nocturna: análisis según su gravedad**
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ICMJE DISCLOSURE FORM

Date:	01/09/2024
Your Name:	BRIAN TOMÁS PEROTTI
Manuscript Title:	**Hipertensión arterial nocturna: análisis según su gravedad**
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PEROTTI BRIAN TOMAS
MEDICO UBA MN 175720

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Date:	01/09/2024
Your Name:	RUIZ HOLGUIN MARLON
Manuscript Title:	**Hipertensión arterial nocturna: análisis según su gravedad**
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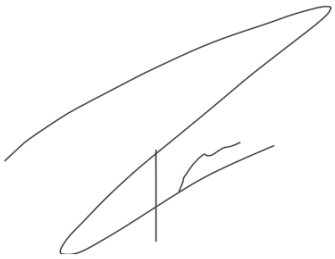
Marlon Ruiz Holguin



ICMJE DISCLOSURE FORM

Date: 01/09/2024
Your Name: ÁLVARO SOSA LIPRANDI
Manuscript Title: **Hipertensión arterial nocturna: análisis según su gravedad**
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8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
11	Stock or stock options	☒ **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)
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.