

ICMJE DISCLOSURE FORM

Date: 15/03/2024

Your Name: ADRIAN LESCANO

Manuscript Title: Utilidad de diversos parámetros hemodinámicos como marcadores pronósticos en la hipertensión pulmonar

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20745

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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		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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	Click the tab key to add additional rows.
Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="346 178 1409 325"> <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="346 409 1409 514"> <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="346 724 1409 808"> <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="346 913 1409 1018"> <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="346 1123 1409 1228"> <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="346 1333 1409 1438"> <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="346 1543 1409 1648"> <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)
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 	
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.

 LESLOW and
 245 24 572 586

ICMJE DISCLOSURE FORM

Date: 15/03/2024
 Your Name: NICOLAS CARUSO
 Manuscript Title: Utilidad de diversos parámetros hemodinámicos como marcadores pronósticos en la hipertensión pulmonar
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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.

NC
NICOLAS
CARUSO

DNI 28411606

ICMJE DISCLOSURE FORM

Date: 15/03/2024
 Your Name: GUILLERMINA SORASIO
 Manuscript Title: Utilidad de diversos parámetros hemodinámicos como marcadores pronósticos en la hipertensión pulmonar
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20745

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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" data-bbox="368 324 1513 430"> <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="368 645 1513 750"> <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="368 882 1513 987"> <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="368 1120 1513 1225"> <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="368 1352 1513 1458"> <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="368 1599 1513 1704"> <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="368 1845 1513 1951"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None						
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Jerome
Cullermima
Sorasio

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="319 892 1394 997"> <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="319 1081 1402 1186"> <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="319 1270 1402 1375"> <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 <table border="1" data-bbox="319 1690 1409 1812"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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 EZEQUIEL BESMALINOVICH

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Date: 15/03/2024
Your Name: NICOLÁS SILVA CROOME
Manuscript Title: Utilidad de diversos parámetros hemodinámicos como marcadores pronósticos en la hipertensión pulmonar
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9 Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="365 1333 1485 1428"> <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="365 1533 1485 1627"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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 Nicholas M. Silva Croome.

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Date: 15/03/2024

Your Name: PABLO ALCÁNTARA COSTAS MARTINGANO

Manuscript Title: Utilidad de diversos parámetros hemodinámicos como marcadores pronósticos en la hipertensión pulmonar

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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4	Consulting fees <input checked="" type="checkbox"/> None <table border="1" data-bbox="376 262 1466 394"> <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>									
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6	Payment for expert testimony <input checked="" type="checkbox"/> None <table border="1" data-bbox="376 798 1466 898"> <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="376 997 1466 1100"> <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="376 1197 1466 1302"> <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="376 1396 1466 1503"> <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="376 1606 1466 1711"> <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.



PABLO ALCANTARA COSTAS MARTIGNAGO

DNI 31.643.382.

ICMJE DISCLOSURE FORM

Date: 15/03/2024
Your Name: PAUL VARGAS MIELES
Manuscript Title: Utilidad de diversos parámetros hemodinámicos como marcadores pronósticos en la hipertensión pulmonar
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i2.20745

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.

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.

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Paul Enriquez
DNI: 95399643.
Paul Enriquez Longo Niles

ICMJE DISCLOSURE FORM

Date: 15/03/2024
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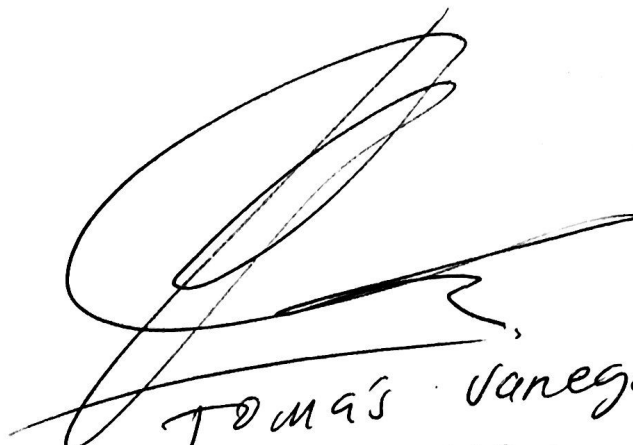
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7 Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="369 955 1432 1060"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8 Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="369 1144 1432 1270"> <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="369 1354 1432 1480"> <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="369 1564 1432 1728"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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 Tomás Vanegas
 95732174