

ICMJE DISCLOSURE FORM

Date: 10/12/2025

Your Name: Juan P. Guzmán

Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores implantables bajo monitorización remota

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20938

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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



JUAN PABLO
GUZMAN

ICMJE DISCLOSURE FORM

Date: 10/12/2025

Your Name: Pedro Díaz Uberti

Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores

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Time frame: past 36 months			
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel		<p>I was sponsored by Biotronik to attend the EHRA 2024 congress and I completed a course with the same company in Berlin in 2025.</p>
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	

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Dr. Pedro DIAZ UBERTI
 Jefe Ac Arritmias y Marcapasos
 Hospital Churruca - Visca PFA

ICMJE DISCLOSURE FORM

Date: 10/12/2025

Your Name: Francisco Toscano

Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores implantables bajo monitorización remota

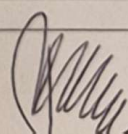
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 Dr. Francisco Toscano Quillon
 Cardiólogo Universitario
 Jefe AJC Servicio de Cardiología
 Hospital Churruca-Visca

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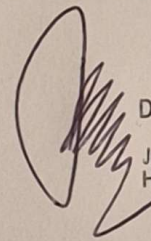


Dr. Francisco Toscano Gullón
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 Jefe A/C Servicio de Cardiología
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 Cardiólogo Universitario
 Jefe A/C Servicio de Cardiología
 Hospital Churruca-Visca

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Date: 10/12/2025

Your Name: Valeria Piazza

Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores implantables bajo monitorización remota

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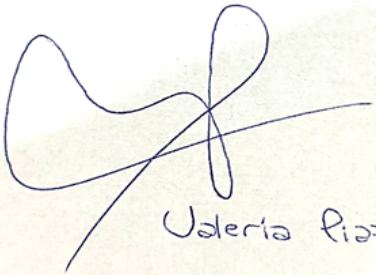
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1356 1520 1461"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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Uderis Pizzo

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Date: 10/12/2025
 Your Name: Damián Longo
 Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores implantables bajo monitorización remota
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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="383 1355 1484 1467"> <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="383 1590 1484 1702"> <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="383 1825 1484 1937"> <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 <table border="1" data-bbox="383 212 1492 324"> <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="383 448 1492 560"> <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:

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 Damian A. Londo
 DWI 22589728

ICMJE DISCLOSURE FORM

Date: 10/12/2025

Your Name: Fiorella Mancusi

Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores implantables bajo monitorización remota

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20938

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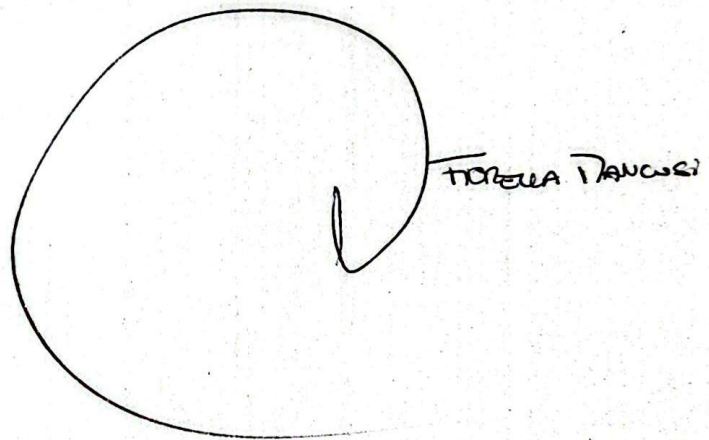
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 658 1485 761"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 891 1485 994"> <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="379 1128 1485 1232"> <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="379 1361 1485 1464"> <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="379 1599 1485 1702"> <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="379 1836 1485 1939"> <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 <table border="1" data-bbox="376 203 1505 300"> <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="376 439 1505 535"> <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.



TEREZA TANCOSI

ICMJE DISCLOSURE FORM

Date: 10/12/2025

Your Name: Juan Manuel Villalba

Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores implantables bajo monitorización remota

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20938

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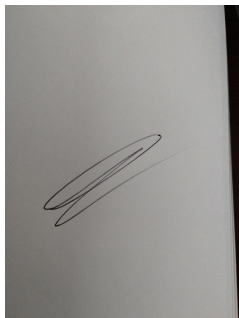
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Juan Manuel Silva Villalba

ICMJE DISCLOSURE FORM

Date: 10/12/2025

Your Name: Rodolfo Daniel La Greca

Manuscript Title: Alertas de arritmias ventriculares y supervivencia en pacientes con desfibriladores implantables bajo monitorización remota

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i5.20938>

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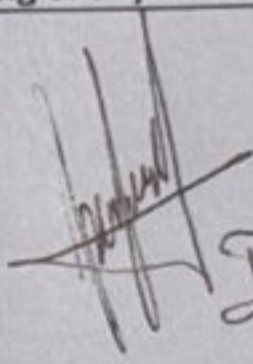
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4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 499 1782 649"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 783 1782 916"> <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="375 1182 1782 1299"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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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="375 1949 1782 2082"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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 Dr. Rodolfo Daniel LaGraca