

ICMJE DISCLOSURE FORM

Date: 7/17/2023

Your Name: Adrián Charask

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): https://rac.sac.org.ar/index.php/rac/article/view/148

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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.



ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: [Yanina Castillo Costa]

Manuscript Title: [Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST]

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i3.20632

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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.

Dra. Yanina Castillo Costa

ICMJE DISCLOSURE FORM

Date: 03/07/2023

Your Name: Maria Laura Estrella

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i3.20632

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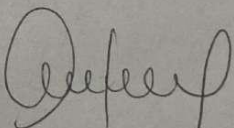
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4	Consulting fees	X None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None 	
6	Payment for expert testimony	X None 	
7	Support for attending meetings and/or travel	X None 	
8	Patents planned, issued or pending	X None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None 	
10	Leadership or fiduciary role in	X None	

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11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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 MARIA LAURA ESTRELLA

ICMJE DISCLOSURE FORM

Date: 6/29/2023

Your Name: Heraldo D'Imperio

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20632>

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Heraldo D'Imperio

ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Juan A. Gagliardi

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20632>

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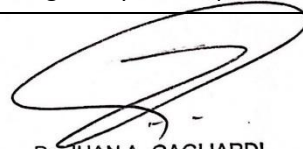
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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. JUAN A. GAGLIARDI
DOCTOR EN MEDICINA
MÉDICO CARDIÓLOGO
M.N. 69818

ICMJE DISCLOSURE FORM

Date: 04/07/23

Your Name: Alejandro Meiriño

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20632>

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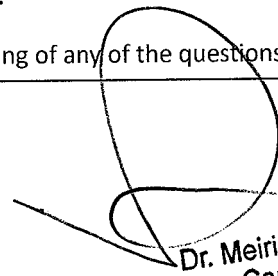
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Dr. Meiriño Alejandro
 Cardiólogo
 M.P.15235

ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: QUIROGA MAURO ANDRES

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

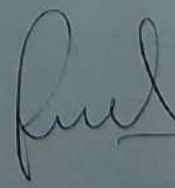
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 Quiroga Mauro A.

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Paul
Quirke News 4

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*Paul
Quinonez Rivas A.*

ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Mauro Rossi Prat

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20632>

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Rossi Prat, Mauro
Especialista Universitario en
Cardiología UBA-SAC
MN: 173.865 MP: 231.693

ICMJE DISCLOSURE FORM

Date: 8/18/2021

Your Name: Walter Quiroga Castro

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20632>

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Walter Quiroga Castro

ICMJE DISCLOSURE FORM

Date: 7/1/2021

Your Name: Gerardo Zapata

Manuscript Title: Utilización de la estrategia farmacoinvasiva en Argentina. Análisis del registro ARGEN-IAM ST

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i3.20632

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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)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </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" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </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.



DR. GERARDO ZAPATA