

Date: 06/06/2025
 Your Name: Ricardo Aranzovich
 Manuscript Title: Naturaleza, corazón y conciencia: un desgarró en el tiempo
 Manuscript Number (if known): https://doi.org/10.7775/rac.es.v9i3.20007

ICMJE DISCLOSURE FORM

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

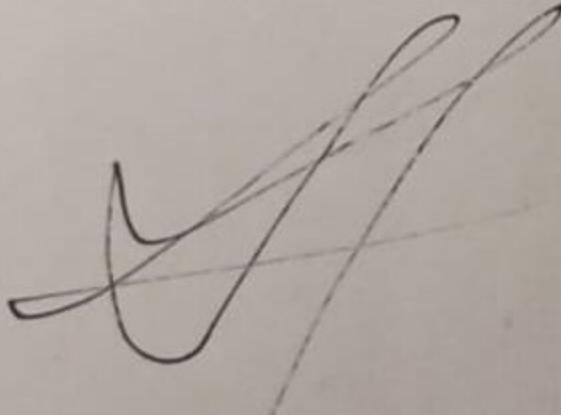
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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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.



Dr. Ricardo Aranovich
Especialista en Psiquiatria
M.N. 30669

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Mario Beraudo

Manuscript Title: Naturaleza, corazón y conciencia: un desgarró en el tiempo

Manuscript Number (if known): https://doi.org/10.7775/rec.es.v93.i3.20907

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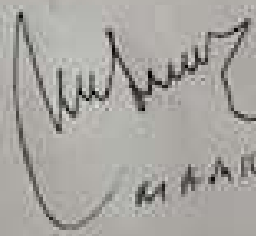
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MARIA BEAUMONT

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Jorge Lowenstein

Manuscript Title: **Naturaleza, corazón y conciencia: un desgarró en el tiempo**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20907>

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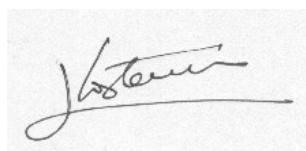
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Please place an "X" next to the following statement to indicate your agreement:

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



Jorge Lowenstein

Mn 37086

1. ☐ Agreement (Indicate if you agree or disagree with the statement)	None
2. ☐ Disagree (Indicate if you disagree with the statement)	None

Please place an "X" next to the following statement or statements (Indicate if you agree or disagree with the statement)

☒ I certify that I have answered every question and have not signed the wrong or any of the questions on this form.



DR. JAMES A. CARRALL
 President
 (401) 800-1111 (M-F 9:00-5:00)

1	Exposure to chemicals in household products such as pesticides, cleaning products, paints, adhesives, etc.	10 None	
2	Exposure to noise	10 None	
3	Exposure to extreme weather conditions	10 None	
4	Exposure to extreme heat	10 None	
5	Exposure to extreme cold	10 None	
6	Exposure to extreme humidity	10 None	
7	Exposure to extreme dryness	10 None	
8	Exposure to extreme light	10 None	
9	Exposure to extreme darkness	10 None	
10	Exposure to extreme pressure	10 None	
11	Exposure to extreme vacuum	10 None	
12	Exposure to extreme vibration	10 None	
13	Exposure to extreme shock	10 None	
14	Exposure to extreme radiation	10 None	
15	Exposure to extreme magnetic fields	10 None	
16	Exposure to extreme electric fields	10 None	
17	Exposure to extreme radio frequency fields	10 None	
18	Exposure to extreme ultraviolet radiation	10 None	
19	Exposure to extreme infrared radiation	10 None	
20	Exposure to extreme gamma radiation	10 None	
21	Exposure to extreme X-ray radiation	10 None	
22	Exposure to extreme neutron radiation	10 None	
23	Exposure to extreme cosmic radiation	10 None	
24	Exposure to extreme particle radiation	10 None	
25	Exposure to extreme ionizing radiation	10 None	
26	Exposure to extreme non-ionizing radiation	10 None	
27	Exposure to extreme radioactive materials	10 None	
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29	Exposure to extreme biological waste	10 None	
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31	Exposure to extreme toxic waste	10 None	
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33	Exposure to extreme hazardous waste	10 None	
34	Exposure to extreme radioactive waste	10 None	
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53	Exposure to extreme infectious waste	10 None	
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97	Exposure to extreme radioactive waste	10 None	
98	Exposure to extreme chemical waste	10 None	
99	Exposure to extreme biological waste	10 None	
100	Exposure to extreme nuclear waste	10 None	

HOME DISCLOSURE FORM

Date: 08/18/2008
 Real Estate: 0000000000
 Address for Title: 11111 Main Street, Suite 100, Anytown, CA 90001
 Estimated Amount of Loan: \$100,000.00

I, the undersigned, hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that this information is being provided for the purpose of disclosing any potential conflicts of interest that may exist between me and the lender. I understand that this information is being provided for the purpose of disclosing any potential conflicts of interest that may exist between me and the lender.

I understand that the above information is being provided for the purpose of disclosing any potential conflicts of interest that may exist between me and the lender. I understand that this information is being provided for the purpose of disclosing any potential conflicts of interest that may exist between me and the lender.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that this information is being provided for the purpose of disclosing any potential conflicts of interest that may exist between me and the lender.

Name of parties with whom you have loan		Date of loan agreement (e.g., if loan is made to you by the lender)	
First Name Last Name Initials of the party			
1. To whom is the loan made?	☐ None		
2. To whom is the loan made?	☐ None		
3. To whom is the loan made?	☐ None		
4. To whom is the loan made?	☐ None		
5. To whom is the loan made?	☐ None		
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Date: 06/08/2025

Your Name: Jorge Trainini

Manuscript Title: Naturaleza, corazón y conciencia: un desgarró en el tiempo

Manuscript Number (if known): <https://doi.org/10.7775/rac.v9i13.28907>

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Ph.D. in
George C. Trautman

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Alejandro Trainini

Manuscript Title: **Naturaleza, corazón y conciencia: un desgarró en el tiempo**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20907>

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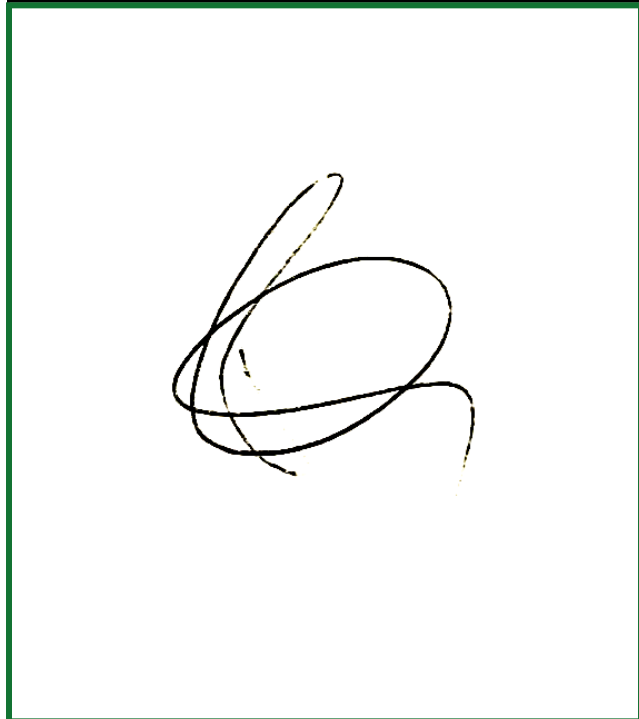
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3	Royalties or licenses	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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)								
4	Consulting fees	☒ None <table border="1"> <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	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	☒ None <table border="1"> <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	☒ None <table border="1"> <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	☒ None <table border="1"> <tr><td></td><td></td></tr> <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	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <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	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <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	☒ None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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Date: 06/08/2025

Your Name: Mario Wernicke

Manuscript Title: Naturaleza, corazón y conciencia: un desgarró en el tiempo

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i3.20907

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Mario Wernicke
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7	Support for attending meetings and/or travel ☒ None	
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	

David W. Lewis
4591725

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Philip Wenzel
 021 4391724