Pate : 26/08/2025 Your Name: Javier Guetta Manuscript Title: Ventajas y limitaciones de la clase Killip A al ingreso para el alta precoz en el infarto agudo de miocardio con elevación del segmento ST. Registro ARGEN-IAM-ST. https://doi.org/10.7775/rac.es.v93.14.20924 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. Biocourse presents 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. Palme all entities with whom you have titls. In Item #1 below, report all support for the present manuscript (e.g., 1f payments were relationship or indicate more (add rows as needed) made (a) you or to your institution). Time frame: Since the initial planning of the work None None Time frame: past 36 months Time frame: past 36 months None None None None None None None None None None				ICMJE DISCLOSURE FO	KIVI	
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Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None
	Payment for expert testimony	None —
	Support for attending meetings and/or travel	None Strategy Strate
	Patents planned, issued or pending	None
	Participation on a Data Safety Monitoring Board or Advisory Board	None
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
	Stock or stock options	None This,

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None					
13	Other financial or non-financial interests	None **Table 1.5 April 1.					
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.							

12 SEP 2025

Dr. Javier Gyerla Jefe Sección Cardioles CEMIC M.N.: 81958