

ICMJE DISCLOSURE FORM

Date: 7/4/2022

Your Name: Yanina Castillo Costa

Manuscript Title: Encuesta sobre factores de riesgo de enfermedad cardiovascular en la mujer, su percepción, conocimiento y conducta de prevención

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v91.i3.20633>

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1	☒ None 	Click the tab key to add additional rows.
Time frame: past 36 months		
2	☒ None 	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None	
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.

Dra. Yanina Castillo Costa

ICMJE DISCLOSURE FORM

Date: 29 de junio de 2023

Your Name: Avalos Oddi Alejandra

Manuscript Title: Encuesta sobre factores de riesgo de enfermedad cardiovascular en la mujer, su percepción, conocimiento y conducta de prevención

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20633>

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ICMJE DISCLOSURE FORM

Date: 29 de junio de 2023

Your Name: Verónica Lia Crosa

Manuscript Title: Encuesta sobre factores de riesgo de enfermedad cardiovascular en la mujer, su percepción, conocimiento y conducta de prevención

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20633>

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ICMJE DISCLOSURE FORM

Date: 03 JULIO 2023

Your Name: ROBERTO NICOLAS AGUERO

Manuscript Title: Encuesta sobre factores de riesgo de enfermedad cardiovascular en la mujer, su percepción, conocimiento y conducta de prevención

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20633>

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Roberto Nicolás Agüero Médico Especialista
en Medicina Nuclear
MN: 91 992 ASNC.145 132.

ICMJE DISCLOSURE FORM

Date: 7/5/2023

Your Name: Caceres Leonardo Luis

Manuscript Title: Encuesta sobre factores de riesgo de enfermedad cardiovascular en la mujer, su percepción, conocimiento y conducta de prevención

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20633>

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: BIBIANA RUBILAR

Manuscript Title: Encuesta sobre factores de riesgo de enfermedad cardiovascular en la mujer, su percepción, conocimiento y conducta de prevención

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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"> <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"> <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"> <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.									

