

ICMJE DISCLOSURE FORM

Date: 7/3/2023

Your Name: María Luz Fernández Recalde

Manuscript Title: Manejo del aneurisma de aorta abdominal sintomático no roto:últimos adelantos

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20636>

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <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="386 483 1516 583"> <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="386 827 1516 928"> <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="386 1045 1516 1146"> <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="386 1264 1516 1365"> <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="386 1482 1516 1583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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.

Dra. Fernández Recalde M. Luz
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ICMJE DISCLOSURE FORM

Date: 06/29/2023

Your Name: Andrés María Izaguirre

Manuscript Title: Manejo del aneurisma de aorta abdominal sintomático no roto: últimos adelantos

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v91.i3.20636>

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ICMJE DISCLOSURE FORM

Date: 07/03/2023

Your Name: Fernando Garagoli

Manuscript Title: Manejo del aneurisma de aorta abdominal sintomático no roto: últimos adelantos

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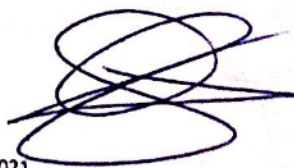
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