

## ICMJE DISCLOSURE FORM

**Date:** 17/07/2023

**Your Name:** CANOS MANUEL BARRERA

**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

**Manuscript Number (if known):** <http://dx.doi.org/10.7775/rac.es.v91.i4.20650>

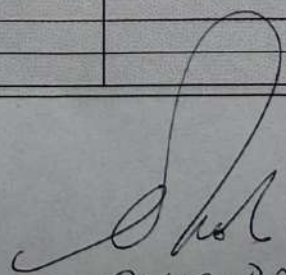
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. 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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<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or	

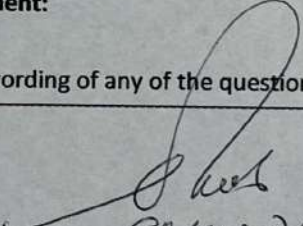
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None   	
4	Consulting fees	<input checked="" type="checkbox"/> None   	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None   	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None   	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None   	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None   	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None   	

  
CARLOS BRANA

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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.

  
CARLOS BALLEW

## ICMJE DISCLOSURE FORM

**Date:** 17/07/2023

**Your Name:** [Yanina Castillo Costa]

**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v91.i4.20650

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Dra. Yanina Castillo Costa

## ICMJE DISCLOSURE FORM

**Date:** 02/08/2023

**Your Name:** Víctor Mauro

**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20650

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Dr. Víctor M. Mauro

## ICMJE DISCLOSURE FORM

Date: 17/07/2023  
 Your Name: FLAVIO DELFINO  
 Manuscript Title: Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2  
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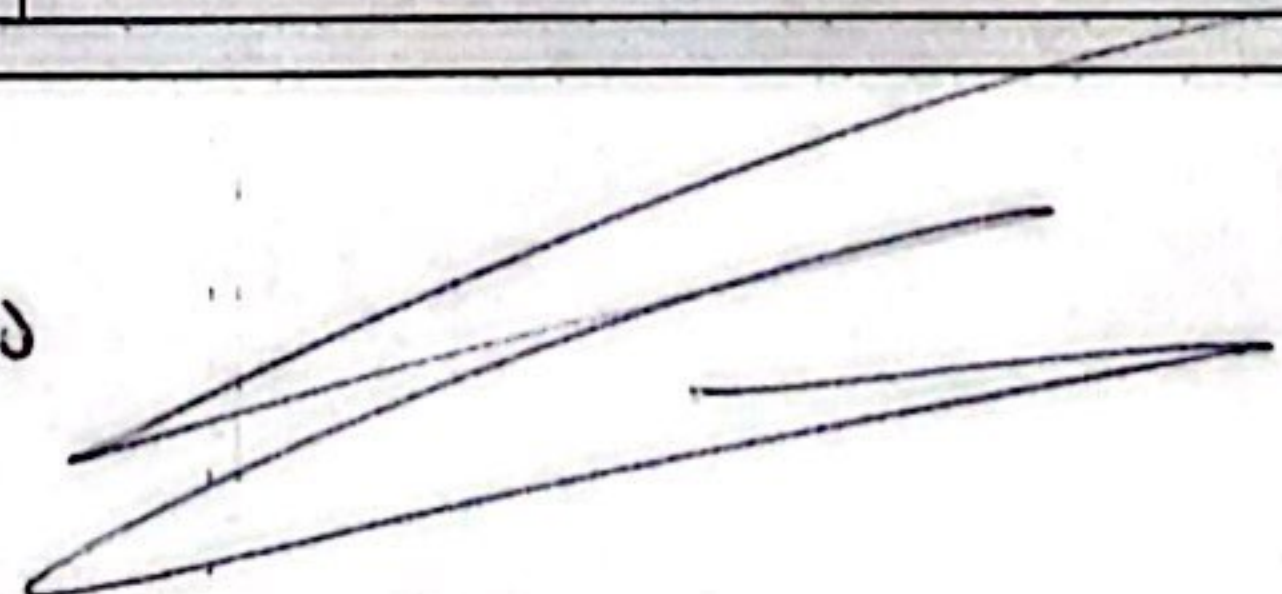
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<div style="display: flex; justify-content: space-between;"> <span>112/13/2021 ICMJE Disclosure Form</span> <span style="font-size: small;">Scanned with CamScanner</span> </div>								

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*DECLINO FUND*



12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="445 378 1895 529"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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DECL FIRM FCAVIO



## ICMJE DISCLOSURE FORM

**Date:** 17/07/2023

**Your Name:** FRONTEBA ESTEBAN

**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20650

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## ICMJE DISCLOSURE FORM

**Date:** 17/07/2023

**Your Name:** MAURO GARCIA AURELIO.

**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

**Manuscript Number (if known):** <http://dx.doi.org/10.7775/rac.es.v91.i4.20650>

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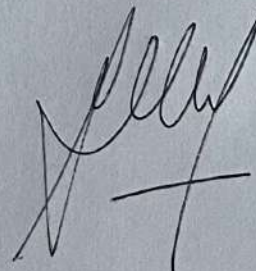
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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.



## ICMJE DISCLOSURE FORM

**Date:** 25/09/2023

**Your Name:** Heraldo D'Imperio

**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20650

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<b>Time frame: past 36 months</b>								
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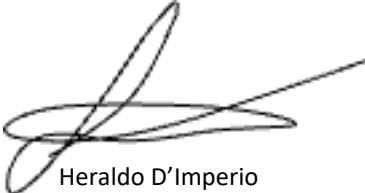
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 617 1516 779"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 919 1516 1081"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1222 1516 1383"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1524 1516 1686"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1827 1516 1942"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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Heraldo D'Imperio

## ICMJE DISCLOSURE FORM

**Date:** 17/07/2023

**Your Name:** \_\_\_\_\_

**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20650

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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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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 type="checkbox"/> None  	
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 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.

Dra. STELLA MARIS MACIN  
 MEDICA CARDIOLOGA  
 M.P. Nº 1900  
 Jefe de Unidad Coronaria  
 Instituto de Cardiología de Ctes.

26/SEP/2023

## ICMJE DISCLOSURE FORM

**Date:** 17/07/2023  
**Your Name:** Souto, Juan Manuel  
**Manuscript Title:** Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20650

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 199 1523 331"> <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"/> <b>None</b> <table border="1" data-bbox="386 436 1523 541"> <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"/> <b>None</b> <table border="1" data-bbox="386 762 1523 867"> <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"/> <b>None</b> <table border="1" data-bbox="386 972 1523 1077"> <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"/> <b>None</b> <table border="1" data-bbox="386 1182 1523 1287"> <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"/> <b>None</b> <table border="1" data-bbox="386 1392 1523 1497"> <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	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1602 1523 1707"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1822 1523 1927"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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	equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 163 1515 264"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 373 1515 474"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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**ICMJE DISCLOSURE FORM**

Date: 17/07/2023

Your Name: Ricardo Villarreal

Manuscript Title: Shock cardiogénico en el contexto de los síndromes coronarios agudos en Argentina: resultados del Registro ARGEN SHOCK 2

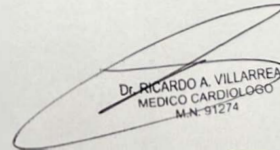
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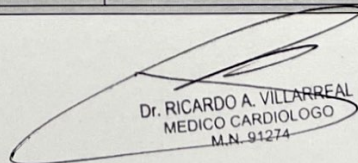
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 DR. RICARDO A. VILLARREAL  
 MEDICO CARDIOLOGO  
 M.N. 91274

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>						
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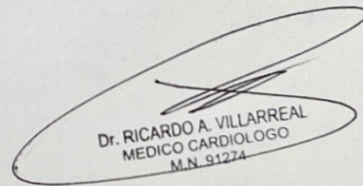
212/13/2021ICMJE Disclosure Form

  
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 MEDICO CARDIOLOGO  
 M.N. 91274

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 Dr. RICARDO A. VILLARREAL  
 MEDICO CARDIOLOGO  
 M.N. 91274