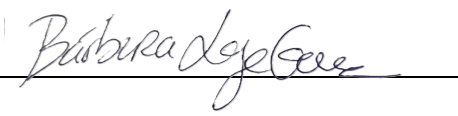


## ICMJE DISCLOSURE FORM

**Date:** 27/01/2026

**Your Name:** BARBARA LAGE GARCIA 

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**Manuscript Title:** **Severe Mitral Regurgitation Due to Papillary Muscle Rupture Presenting as Alveolar Hemorrhage**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i6.20958>

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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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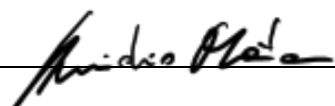
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:** 27/01/2026  
**Your Name:** Emídio Mata   
**Manuscript Title:** Severe Mitral Regurgitation Due to Papillary Muscle Rupture Presenting as Alveolar Hemorrhage  
**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v93.i6.20958

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## ICMJE DISCLOSURE FORM



**Date:** 27/01/2026

**Your Name:** António Lourenço

**Manuscript Title:** Severe Mitral Regurgitation Due to Papillary Muscle Rupture Presenting as Alveolar Hemorrhage

**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i6.20958>

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**Date:** 27/01/2026 *Lucy Calvo*  
**Your Name:** Lucy Calvo  
**Manuscript Title:** Severe Mitral Regurgitation Due to Papillary Muscle Rupture Presenting as Alveolar Hemorrhage  
**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v93.i6.20958

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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)
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.