

ICMJE DISCLOSURE FORM

Date: 15/10/2023
 Your Name: Soledad Palacio
 Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el "nuevo" adulto mayor
 Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i5.20667

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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		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table>	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table>	
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"></table>	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
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	
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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.

MARIA SOLEDAD PALACIO
MEDICA
ESP. EN CARDIOLOGIA
M.N. 131742

ICMJE DISCLOSURE FORM

Date: 15/10/23

Your Name: Heraldo D'Imperio

Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el "nuevo" adulto mayor

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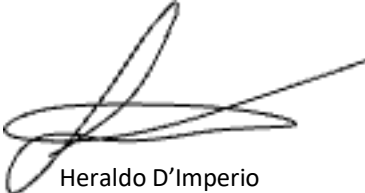
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 617 1516 779"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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>							
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Heraldo D'Imperio

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Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el “nuevo” adulto mayor
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Dr. Víctor M. Mauro

ICMJE DISCLOSURE FORM

Date: 15/10/2023
Your Name: Adrián Charask
Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el “nuevo” adulto mayor
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i5.20667

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Dr. Adrián Charask

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Date: 15/10/2023
Your Name: Juan Gagliardi
Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el “nuevo” adulto mayor
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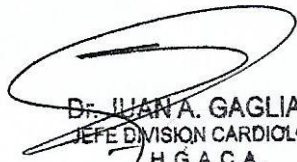
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DR. JUAN A. GAGLIARDI
 JEFE DIVISION CARDIOLOGIA
 H.G.A.C.A.
 M.N. 69818

ICMJE DISCLOSURE FORM

Date: 15/10/2023
Your Name: Yanina Castillo Costa
Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el “nuevo” adulto mayor
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i5.20667

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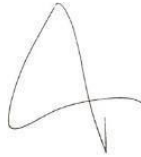
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Yanina Castillo Costa

ICMJE DISCLOSURE FORM

Date: 15/10/2023
 Your Name: Flavio Delfino
 Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el "nuevo" adulto mayor
 Manuscript Number (if known): http://dx.doi.org/10.7775/irac.es.v91.i5.20667

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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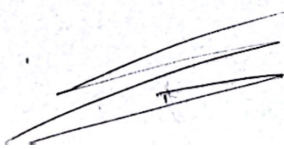
112/13/2021ICMJE Disclosure Form



FLAVIO DELFINO
 MÉDICO U.B.A.
 CARDIOLOGO UNIVERSITARIO
 M.N. 149414 - M.P. 46153

		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)				
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212/13/2021ICMJE Disclosure Form



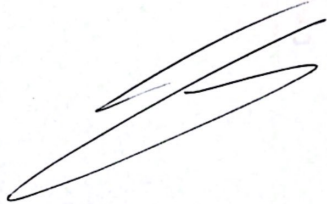
FLAVIO DELFINO
MÉDICO U.B.A.
CARDIÓLOGO UNIVERSITARIO
M.N. 149414 - M.P. 457100

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FLAVIO DELFINO
 MÉDICO U.B.A.
 CARDIÓLOGO UNIVERSITARIO
 M.N. 146414 - M.P. 457160



ICMJE DISCLOSURE FORM

Date: 15/10/2023
Your Name: Gerardo Zapata
Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el “nuevo” adulto mayor
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v91.i5.20667

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Dr. Gerardo Zapata

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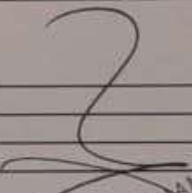
Date: 15/10/2023
 Your Name: Stella Macin
 Manuscript Title: Registro ARGEN-IAM-ST: infarto de miocardio con elevación del segmento ST en el "nuevo" adulto mayor
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 Dra. STELLA MACIN
 Médico Cardiólogo M.P. 120
 Instituto de Diagnóstico y Referencia Epidemiológica J. F. Cebral
 16/11/23