

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: PABLO GARCÍA DELUCIS

Manuscript Title: Reemplazo de la raíz aortica con preservación valvular en niños y adolescentes: experiencia y resultados en una institución pública en argentina

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20768

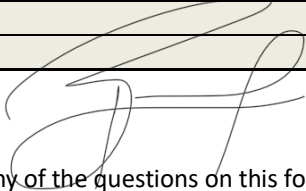
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. 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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ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: GUILLERMO MORENO

Manuscript Title: Reemplazo de la raíz aortica con preservación valvular en niños y adolescentes: experiencia y resultados en una institución pública en argentina

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20768

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Guillermo Moreno

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Date: 24/05/2024

Your Name: MARIELA MOURATIAN

Manuscript Title: Reemplazo de la raíz aortica con preservación valvular en niños y adolescentes: experiencia y resultados en una institución pública en Argentina

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20768

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Date: 24/05/2024

Your Name: GLADYS SALGADO

Manuscript Title: Reemplazo de la raíz aortica con preservación valvular en niños y adolescentes: experiencia y resultados en una institución pública en argentina

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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 <table border="1" data-bbox="373 434 1522 551"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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Gladys Salgado
 M.N: 68620
 Jefa de Servicio de Cardiología
 Htal de Pediatría J. P. Garraban
Dr. GLADYS SALGADO
 M.N 68620

ICMJE DISCLOSURE FORM

Date: 24/05/2024
Your Name: SANDRA SEPÚLVEDA
Manuscript Title: Reemplazo de la raíz aortica con preservación valvular en niños y adolescentes: experiencia y resultados en una institución pública en argentina
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20768

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="338 344 1493 448"> <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="338 672 1493 775"> <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="338 909 1493 1012"> <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="338 1146 1493 1249"> <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="338 1384 1493 1487"> <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="338 1621 1493 1724"> <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="338 1859 1493 1962"> <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						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 474 1487 577"> <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.

Paul Spuler A.

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: JUAN MANUEL TORRILLAS

Manuscript Title: Reemplazo de la raíz aortica con preservación valvular en niños y adolescentes: experiencia y resultados en una institución pública en argentina

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20768

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1516 401"> <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="383 510 1516 611"> <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="383 833 1516 934"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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JUAN MANUEL TORRILLAS
DNI 36067023

ICMJE DISCLOSURE FORM

Date: 24/05/2024
 Your Name: MARIA JULIA BLANDO
 Manuscript Title: Reemplazo de la raiz aortica con preservación valvular en niños y adolescentes: experiencia y resultados en una institución pública en argentina
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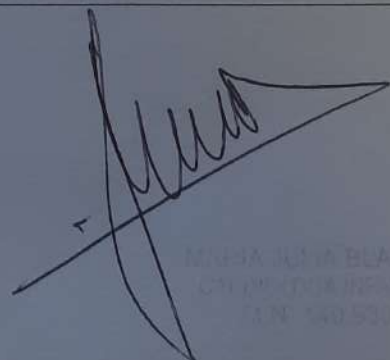
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 MARIA JULIA BLANDO
 CARDIOLÓGICA INFANTIL
 I.D.N. 140.930

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