

**ICMJE DISCLOSURE FORM**

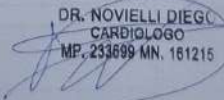
**Date:** 16/04/2026  
**Your Name:** Diego Novielli  
**Manuscript Title:** RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina  
**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v94.i2.20991>

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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 DR. NOVIELLI DIEGO  
 CARDIOLOGO  
 M.P. 233699 MN. 161215

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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DR. NOVIELLI DIEGO  
 CARDIOLOGO  
 MP. 233899 MN. 161215

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="507 389 1275 465"> <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="507 551 1275 627"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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DR. NOVIELLI DIEGO  
 CARDIOLOGO  
 MP, 233899 MN, 161215

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**Date:** 16/04/2026

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**Your Name:** Fernando Sokn

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**Date:** 16/04/2026

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**Your Name:** Ivana Paz

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Ivana A. Paz  
Médica  
Especialista en Cardiología Clínica  
Especialista en Medicina del Deporte  
M.N.134756 MP 452.155

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**Date:** 16/04/2026

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**Your Name:** Gonzalo Díaz Babio

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**Dr Gonzalo Diaz Babio**  
**MN 129.388**

## ICMJE DISCLOSURE FORM

Date: 16/04/2026

Your Name: Diego Iglesias

Manuscript Title: **RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i2.20991>

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 <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

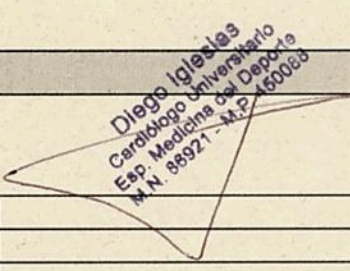
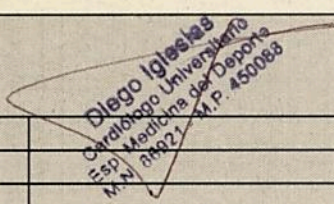
Click the tab key to add additional rows.

Diego Iglesias  
 Cardiólogo Universitario  
 Esp. Medicina del Deporte  
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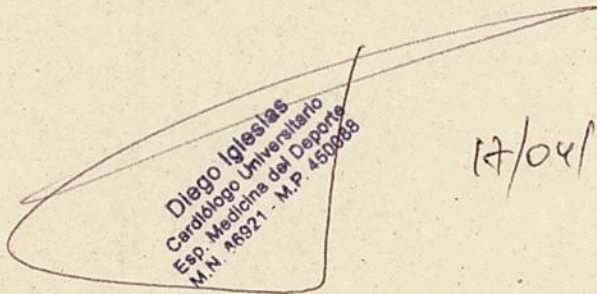
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	<div data-bbox="1045 1064 1412 1288" style="text-align: right;"> <p><b>Diego Iglesias</b>  Cardiólogo Universitario  Esp. Medicina del Deporte  M.N. 86921 - M.P. 450088</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None   	
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12/04/2026

## ICMJE DISCLOSURE FORM

Date: 16/04/2026

Your Name: Diego Llompant

Manuscript Title: RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i2.20991

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*Llompant*  
*Llompant Diego*

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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	
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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	

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*None*  
 HONORANT DIOGO

## ICMJE DISCLOSURE FORM

**Date:** 16/04/2026

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**Your Name:** Ignacio Dávalos

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**Manuscript Title:** **RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v94.i2.20991>

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Dr Ignacio Dávalos  
 MN 125961  
 DNI 28984495

## ICMJE DISCLOSURE FORM

**Date:** 16/04/2026

---

**Your Name:** David Daniel Sebastian Borghetti

---

**Manuscript Title:** **RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v94.i2.20991>

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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:

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Lic.Kinesiologo Fisiatra Borghetti David  
 MN 14387 MP 8402  
 DNI 32.456.370

## ICMJE DISCLOSURE FORM

**Date:** 16/04/2026

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**Your Name:** Norberto Bornancini

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**Manuscript Title:** **RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v94.i2.20991>

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Dr. Norberto Barrios  
Médico Cardiólogo Intervencionista  
D.M.G. - S.A.C.  
M.H. 133 556 - 447-452117

## ICMJE DISCLOSURE FORM

**Date:** 16/04/2026

---

**Your Name:** Facundo Balsano

---

**Manuscript Title:** **RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v94.i2.20991>

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DR. FACUNDO J. BALSANO  
MÉDICO CARDIÓLOGO  
M.N: 171835

## ICMJE DISCLOSURE FORM

**Date:** 16/04/2026

---

**Your Name:** Sofía Cohendoz

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**Manuscript Title:** **RENACER-CV: Registro Nacional de Centros de Rehabilitación Cardiovascular en Argentina**

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Sofía Cohendoz  
DNI 157891

