Date:	20/11/2023
Your Name:	
Manuscript Title:	Infarto de miocardio en Argentina. Tercer reporte del registro ARGEN IAM ST y
	comportamiento de la mortalidad en 8 años
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v91.i6.20712

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	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
		Time frame: Since the initial planning	of the work
	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.	None None	Click the tab key to add additional rows.
	tilis itemi.	Time frame: past 36 month	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     ■	
4	Consulting fees	None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
5	Payment or			
	honoraria for	$\boxtimes$	None	
	lectures,			
	presentations,			
	speakers			
	bureaus,			
	manuscript 			
	writing or			
	educational events			
6	Payment for			
5	expert testimony	$\boxtimes$	None	
	CAP CAR COST		NOTE	
7	Support for			
	attending	$\boxtimes$	None	
	meetings and/or			
	travel			
8	Patents planned,			
	issued or	$\boxtimes$	None	
	pending	_		
9	Participation on			
	a Data Safety Monitoring	$\boxtimes$	None	
	Board or			
	Advisory Board			
	,			
10	Leadership or			
	fiduciary role in	$\boxtimes$	None	
	other board,		Hone	
	society,			
	committee or			
	advocacy group,			
	paid or unpaid			
11	Stock or stock	_	_	
	options	$\boxtimes$	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)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ 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.			
(			

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		Time frame: Since the initial planning	
1 All support for the present manuscript (e.g., funding, provision		None	
	of study materials, medical writing, article		Click the tab key to add additional rows.
	processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item	⊠ None	
	#1 above).		
3	Royalties or licenses	None     ■	
4	Consulting fees	⊠ None	

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as i	eeded) made to you or to your institution)
5	Payment or		
	honoraria for	⊠ None	
	lectures,	Es None	
	presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or		
	educational events		
6	Payment for		
•	expert testimony	None	
	,	Z None	
7	Support for		<u> </u>
	attending	None	
	meetings and/or		
	travel		
8	Patents planned,		
	issued or	⊠ None	
	pending		
9	Participation on		
9	a Data Safety	⊠ None	
	Monitoring	△ None	
	Board or		
	Advisory Board		
10	Leadership or		
	fiduciary role in	None	
	other board,		
	society,		
	committee or		
	advocacy group, paid or unpaid		
11	Stock or stock		
	options	None	
		<u> </u>	

Name all entities with whom you		e all entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		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 M Macin



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3	Royalties or licenses	None     ■	
4	Consulting fees	None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
5	Payment or			
	honoraria for	$\boxtimes$	None	
	lectures,			
	presentations,			
	speakers			
	bureaus,			
	manuscript 			
	writing or			
	educational events			
6	Payment for			
5	expert testimony	$\boxtimes$	None	
	CAP CAR COST		NOTE	
7	Support for			
	attending	$\boxtimes$	None	
	meetings and/or			
	travel			
8	Patents planned,			
	issued or	$\boxtimes$	None	
	pending	_		
_				
9	Participation on			
	a Data Safety Monitoring	$\boxtimes$	None	
	Board or			
	Advisory Board			
	,			
10	Leadership or			
	fiduciary role in	$\boxtimes$	None	
	other board,		Hone	
	society,			
	committee or			
	advocacy group,			
	paid or unpaid			
11	Stock or stock	_	_	
	options	$\boxtimes$	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		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.

Dr Gerardo Zapata

 Date:
 20/11/2023

 Your Name:
 Heraldo D' Imperio

 Manuscript Title:
 Infarto de miocardio en Argentina. Tercer reporte del registro ARGEN IAM ST y comportamiento de la mortalidad en 8 años

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4	Consulting fees	None	

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5	Payment or			
	honoraria for	$\boxtimes$	None	
	lectures,			
	presentations,			
	speakers			
	bureaus,			
	manuscript 			
	writing or			
	educational events			
6	Payment for			
5	expert testimony	$\boxtimes$	None	
	CAP CAR COST		NOTE	
7	Support for			
	attending	$\boxtimes$	None	
	meetings and/or			
	travel			
8	Patents planned,			
	issued or	$\boxtimes$	None	
	pending	_		
9	Participation on			
	a Data Safety Monitoring	$\boxtimes$	None	
	Board or			
	Advisory Board			
	,			
10	Leadership or			
	fiduciary role in	$\boxtimes$	None	
	other board,		Hone	
	society,			
	committee or			
	advocacy group,			
	paid or unpaid			
11	Stock or stock	_	_	
	options	$\boxtimes$	None	

			all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
12	equipment, materials, drugs,		None	
	medical writing, gifts or other			
	•			
	services			
13	Other financial or non-financial interests	⊠ None		
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Heraldo D'Imperio

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3	Royalties or licenses	None     ■	
4	Consulting fees	None	

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5	Payment or			
	honoraria for	$\boxtimes$	None	
	lectures,			
	presentations,			
	speakers			
	bureaus,			
	manuscript 			
	writing or			
	educational events			
6	Payment for			
5	expert testimony	$\boxtimes$	None	
	CAP CAR COST		NOTE	
7	Support for			
	attending	$\boxtimes$	None	
	meetings and/or			
	travel			
8	Patents planned,			
	issued or	$\boxtimes$	None	
	pending	_		
9	Participation on			
	a Data Safety Monitoring	$\boxtimes$	None	
	Board or			
	Advisory Board			
	,			
10	Leadership or			
	fiduciary role in	$\boxtimes$	None	
	other board,		Hone	
	society,			
	committee or			
	advocacy group,			
	paid or unpaid			
11	Stock or stock	_	_	
	options	$\boxtimes$	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	None     ■     None     None		
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QUIROGA MAURO ANDRES

QUIROGA MAURO A.

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Your Name:	
Manuscript Title:	Infarto de miocardio en Argentina. Tercer reporte del registro ARGEN IAM ST y comportamiento de la mortalidad en 8 años
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		Time frame: Since the initial planning	
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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     ■	
4	Consulting fees	None	

			all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
5	Payment or			
	honoraria for	$\boxtimes$	None	
	lectures,			
	presentations,			
	speakers			
	bureaus,			
	manuscript			
	writing or educational			
	events			
6	Payment for			
	expert testimony	$\boxtimes$	None	
		2_3		
7	Support for			
	attending	$\boxtimes$	None	
	meetings and/or			
	travel			
8	Patents planned, issued or	-		
	pending	$\boxtimes$	None	
	pending			
9	Participation on			
•	a Data Safety	$\boxtimes$	None	
	Monitoring		Hone	
	Board or			
	Advisory Board			
10	Leadership or			
	fiduciary role in	$\boxtimes$	None	
	other board,			
	society,			
	committee or advocacy group,			
	paid or unpaid			
11	Stock or stock			
	options	$\boxtimes$	None	
		<u>- 1</u>		

		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)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
13	Other financial or non-financial interests	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.

Dr. JUAN A. GAGLIARDI DOCTOR EN MEDICINA MÉDICO CARDIÓLOGO M.N. 69818

Date:	20/11/2023
Your Name:	
Manuscript Title:	Infarto de miocardio en Argentina. Tercer reporte del registro ARGEN IAM ST y
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		relationship or indicate none (add rows as needed)	made to you or to your institution)
		Time frame: Since the initial planning	of the work
	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.	None None	Click the tab key to add additional rows.
	tilis itemi.	Time frame: past 36 month	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     ■	
4	Consulting fees	None	

			all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
5	Payment or			
	honoraria for	$\boxtimes$	None	
	lectures,			
	presentations,			
	speakers			
	bureaus,			
	manuscript			
	writing or educational			
	events			
6	Payment for			
	expert testimony	$\boxtimes$	None	
	,			
7	Support for			
	attending	$\boxtimes$	None	
	meetings and/or			
	travel			
8	Patents planned, issued or	-		
	pending	$\boxtimes$	None	
	pending			
9	Participation on			
•	a Data Safety	$\boxtimes$	None	
	Monitoring		Hone	
	Board or			
	Advisory Board			
10	Leadership or			
	fiduciary role in	$\boxtimes$	None	
	other board,			
	society,			
	committee or advocacy group,			
	paid or unpaid			
11	Stock or stock			
	options	$\boxtimes$	None	
		<u></u> -		

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other		None		
	services				
13	Other financial or non-financial interests	$\boxtimes$	⊠ None		
Please place an "X" next to the following statement to indicate your agreement:					
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

DR. Adrián Charask

	ICMJE DISCLOSURE FORM		
Date:	20/11/2023		
Your Name:	ALEJANDRO WIS MEIRIMO		
Manuscript Title:	Infarto de miocardio en Argentina. Tercer reporte del registro ARGEN IAM ST y comportamiento de la mortalidad en 8 años		
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v91.i6.20712		
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
	es/interests should be defined broadly. For example, if your manuscript pertains to the a should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript		

		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	
	All support for the present manuscript (e.g., funcing, provision	⊠ None	
	of study		
	materials, medical		Click the tab key to add additional rows.
	writing, article processing charges, etc.) No time limit for		
	this tem.		
	tins tem.	Time frame: past 36 month	15
2	Grants or contracts from any entity (if not	⊠ None	
	indicated in item		
	#1 above).		
3	Royalties or licenses	⊠ None	
4	Corsulting fees	⊠ None	
112/	/13/2021 CMJE Disclosure	Fprm	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for	None  None  State of the state
	exper: testimony	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
8	Support for attending meetings and/or travel  Patents planned, issued or pending	None
10	Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  None  None  None  None  None  None
11	Stock or stock options	None  None    Property   Property

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None
13	Other financial or non-financial interests		None
Please place an "X" next to the following statement to indicate your agreement:			
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OV. MEIRIÑO ALEJANDRO CARDIOLOGO MAT 15235