

## ICMJE DISCLOSURE FORM

**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

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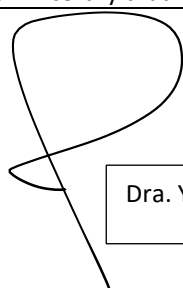
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Dra. Yanina Castillo Costa

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Dr Gerardo Zapata

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QUIROGA MAURO ANDRES

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

**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

## ICMJE DISCLOSURE FORM

**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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="text-align: right; font-size: small; color: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</div>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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. Adrián Charask

# ICMJE DISCLOSURE FORM

Date: 20/11/2023  
 Your Name: ALEJANDRO LIS MEIRINO  
 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

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CARDIOLOGO  
MAT 15235