

ICMJE DISCLOSURE FORM

Date: BASTARRIKA
Your Name: GORKA
Manuscript Title: Coronariografía y perfusión miocárdica de estrés mediante tomografía computarizada: una realidad clínica.
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i1.20732

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.

		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: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>							
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<table border="1" style="width: 100%; height: 60px; margin-top: 10px;"> <tr> <td style="width: 60%;">Institutional research grants from Siemens Healthineers, Guerbet</td> <td>Institutional</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Institutional research grants from Siemens Healthineers, Guerbet	Institutional				
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1516 403"> <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	<table border="1" data-bbox="383 474 1516 606"> <tr> <td>Speaker for General Electric, Siemens Healthineers, Bayer</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Speaker for General Electric, Siemens Healthineers, Bayer								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<table border="1" data-bbox="383 1421 1516 1554"> <tr> <td>Advisory board Guerbet, Median Technologies, General Electric</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Advisory board Guerbet, Median Technologies, General Electric								
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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	
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:

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

Firmado,



Gorka Bastarrika.

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Date: 01/02/2024
Your Name: ANA EZPONDA
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Handwritten signature: John E. Smith