

ICMJE DISCLOSURE FORM

Date: 04/08/2026
Your Name: Verónica Barrientos

Manuscript Title: **Prevalencia de Hipotensión Arterial en Hipertensos Añosos Bajo Tratamiento Antihipertensivo**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i4.21007>

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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8	Patents planned, issued or pending	☒ None <table border="1" data-bbox="368 1236 1513 1337"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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 Barrientos, Verónica Andrea
 DNI 31312803.

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Roberto A. Ingaramo

Manuscript Title: Prevalencia de Hipotensión Arterial en Hipertensos Añosos Bajo Tratamiento Antihipertensivo

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Roberto Ingaramo
 DR. INGARAMO ROBERTO
 CARDIOLOGIA
 M.P. 1201

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Miriam P. Herrera

Manuscript Title: Prevalencia de Hipotensión Arterial en Hipertensos Añosos Bajo Tratamiento Antihipertensivo

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Miriam Priscila Herrera
Esp. en Cardiología
MP 4650

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Miriam Priscila Herrera
Esp. en Cardiología
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Miriam Priscila Herrera
 Esp. en Cardiología
 MP 4650

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Noelia Ramírez Saucedo

Manuscript Title: Prevalencia de Hipotensión Arterial en Hipertensos Añosos Bajo Tratamiento Antihipertensivo

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Dra. Ramirez Saucedo
Noelia M.
Médica
MAY 2003 MAY 1 2004

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Carolina Ingaramo

Manuscript Title: Prevalencia de Hipotensión Arterial en Hipertensos Añosos Bajo Tratamiento Antihipertensivo

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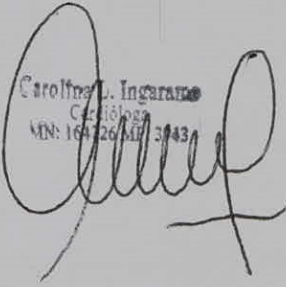
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Carolina L. Ingarano
 Counselor
 MN: 164726 MB 3043


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Date: 04/08/2026

Your Name: Eduardo D. Lombardo

Manuscript Title: Prevalencia de Hipotensión Arterial en Hipertensos Añosos Bajo Tratamiento Antihipertensivo

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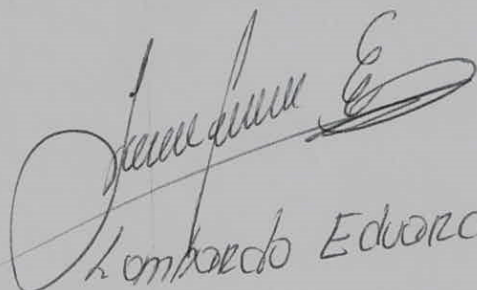
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ju m pj u m p1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None <table border="1" data-bbox="371 1713 1513 1816"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	☒ None <table border="1" data-bbox="371 1951 1513 2054"> <tr><td></td><td></td></tr> <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	☒ None <table border="1"> <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	☒ None <table border="1"> <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.								


Lombardo Eduardo Daniel.