ICMJE DISCLOSURE FORM

Date: 01/09/2024

Your Name: Adriana Aranda

Manuscript Title: **Durabilidad de prótesis valvulares aórticas biológicas: deterioro estructural e incidencia de eventos en el seguimiento alejado**

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i4.20794

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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.

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		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.**	☒ **None**	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	

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

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**
13	Other financial or non-financial interests	☒ **None** | | | | |---|---| | | | | | | | | | | | |

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Date: 01/09/2024

Your Name: Florencia Castro

Manuscript Title: **Durabilidad de prótesis valvulares aórticas biológicas: deterioro estructural e incidencia de eventos en el seguimiento alejado**

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i4.20794

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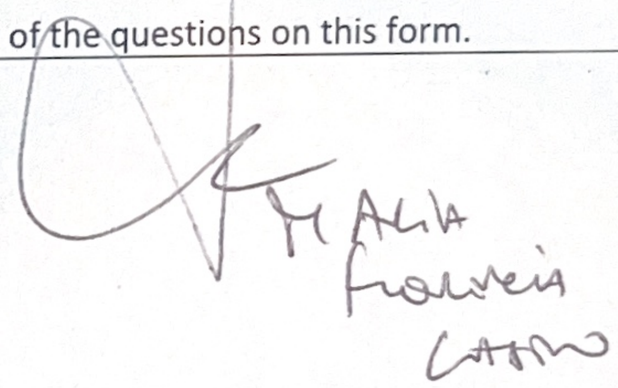

ICMJE DISCLOSURE FORM

Date:	01/09/2024
Your Name:	Daniel Navia
Manuscript Title:	**Durabilidad de prótesis valvulares aórticas biológicas: deterioro estructural e incidencia de eventos en el seguimiento alejado**
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i4.20794

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8	Patents planned, issued or pending	☒ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None	
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DENIER MARCIS

ICMJE DISCLOSURE FORM

Date:	01/09/2024
Your Name:	Fernando Piccinini
Manuscript Title:	**Durabilidad de prótesis valvulares aórticas biológicas: deterioro estructural e incidencia de eventos en el seguimiento alejado**
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i4.20794

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6	Payment for expert testimony	☒ None none	
7	Support for attending meetings and/or travel	☒ None none	
8	Patents planned, issued or pending	☒ None none	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None none	
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Fernando Piccinini
Cirugía Cardíaca
M.N.: 87.316
Instituto Cardiovascular de Bs. As.

ICMJE DISCLOSURE FORM

Date:	01/09/2024
Your Name:	Mariano Vrancic
Manuscript Title:	**Durabilidad de prótesis valvulares aórticas biológicas: deterioro estructural e incidencia de eventos en el seguimiento alejado**
Manuscript Number (if known):	http://dx.doi.org/10.7775/rac.es.v92.i4.20794

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Juan Mariano Vrancic