

## ICMJE DISCLOSURE FORM

**Date:** 23/05/2024

**Your Name:** Alderete Rodrigo

**Manuscript Title:** Programa SONQO-CALCHAQUÍ 2022: Evaluación de variables cardiovasculares en una población Calchaquí de media y alta montaña de Tucumán

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i3.20765

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Prof. Dr. CLAUDIO M. JOO TURONI  
 DOCTOR EN MEDICINA  
 ESPECIALISTA EN CARDIOLOGIA  
 M.P. 5523 - M.N. 28000

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RICARDO SEBASTIAN GALDEANO

DNI: 25444756

MP: 6108 MN: 110226

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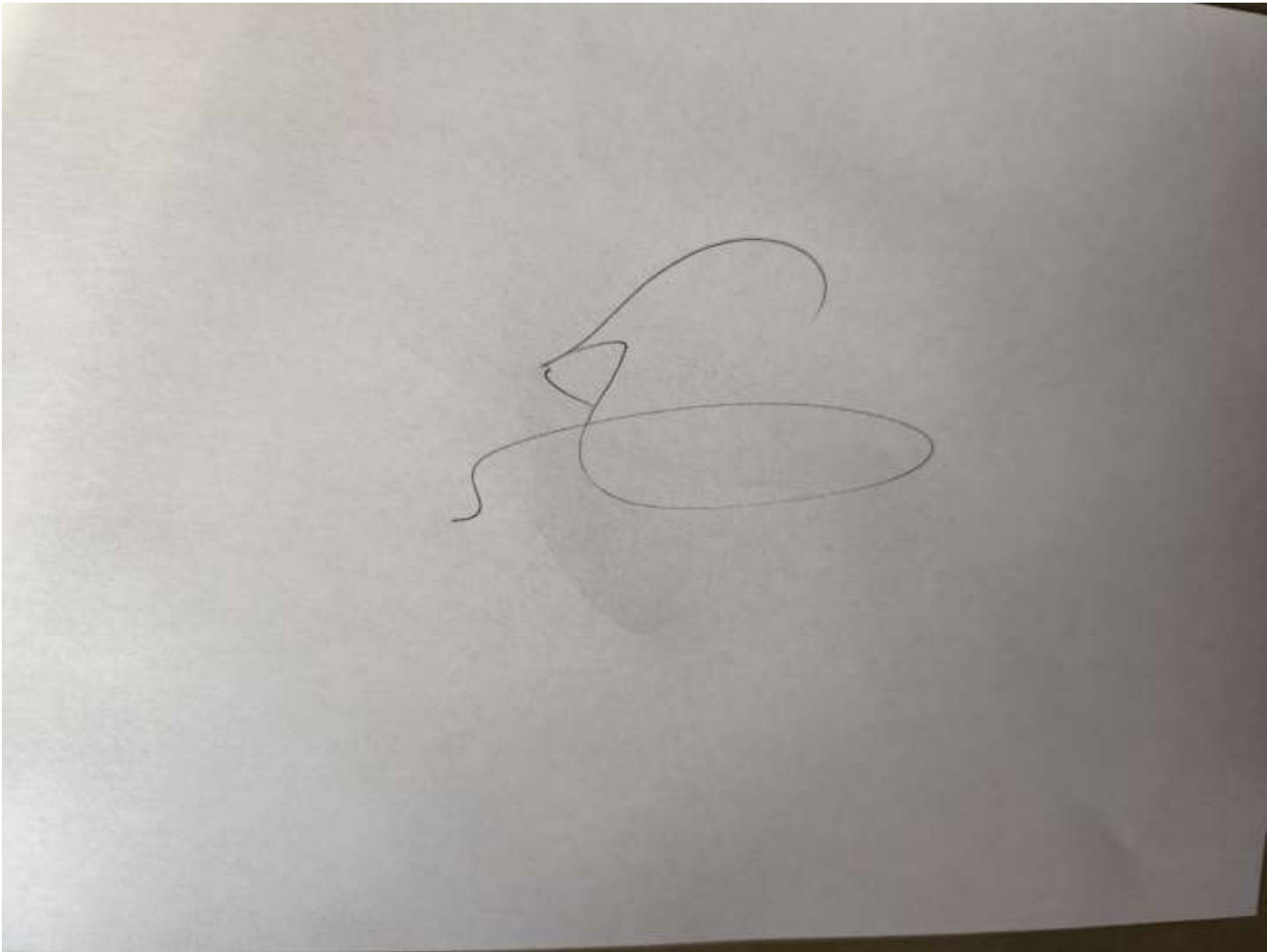
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		X	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		X	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		X	

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. Damián E. Holownia  
DNI: 25843319

## ICMJE DISCLOSURE FORM


**Date:** 23/05/2024  
**Your Name:** Vissani Sergio  
**Manuscript Title:** Programa SONQO-CALCHAQUÍ 2022: Evaluación de variables cardiovasculares en una población Calchaquí de media y alta montaña de Tucumán  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i3.20765

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.

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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)				
<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>	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>				
<b>Time frame: past 36 months</b>						
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table>				
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table>				

  
 Vissani Sergio  
 DU: 12219230

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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 Ussani Sergio  
 17719730

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Please place an "X" next to the following statement to indicate your agreement:

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*[Handwritten Signature]*  
 Vissani Sergio  
 DM 17719230

## ICMJE DISCLOSURE FORM

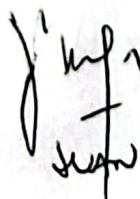
Date: 23/05/2024  
 Your Name: Benger Juan  
 Manuscript Title: Programa SONQO-CALCHAQUÍ 2022: Evaluación de variables cardiovasculares en una población Calchaquí de media y alta montaña de Tucumán  
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 Juan Benger

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*JW* **JUAN BENJON**

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*Juan Bonder*  
 JUAN BONDER