

## ICMJJE DISCLOSURE FORM

**Date:** 20/05/2024

**Your Name:** JORGE C. TRAININI

**Manuscript Title:** ¿Cómo llegó la probabilidad a la medicina?

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v92.i3.20767

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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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>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">No aplicable</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	No aplicable				Click the tab key to add additional rows.	
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">No aplicabe</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>	No aplicabe					
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">No aplicabe</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>	No aplicabe					
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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">No aplicabe</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>	No aplicabe					
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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>    	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> No aplicabe   	
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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>	
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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
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<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p>I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> <p><input checked="" type="checkbox"/> <b>Jorge C. Trainini DNI 4513018</b></p>			