

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: NICOLÁS SULTANO

Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20784

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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:

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Date: 24/05/2024

Your Name: RICARDO POSATINI

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 871 1524 976"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 1113 1524 1218"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 1352 1524 1458"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 1832 1524 1937"> <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	<input checked="" type="checkbox"/> None						
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 POSATINI RICARDO
 25167357

ICMJE DISCLOSURE FORM

Date: 24/05/2024
 Your Name: TOMÁS D'ANGELO
 Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio
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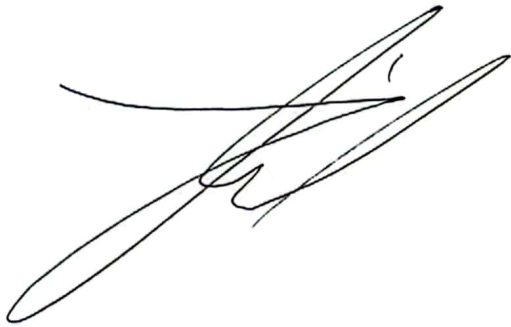
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Your Name: PATRICIO ESPECTOR
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Cirugía Cardiovascular
Mat. Prof.: 88222

ICMJE DISCLOSURE FORM

Date: 24/05/2024
Your Name: GUIDO BUSNELLI
Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio
Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20784

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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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 <table border="1" data-bbox="384 528 1469 622"> <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.

[Handwritten Signature]
 Russell L.

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: JACINTO THEAUX

Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20784

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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:

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ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: CARLOS A. TAMARA

Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20784

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Carlos Flores Jarama
Carlos Flores Jarama
 90309999

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: JUAN BIANCO

Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20784

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Dr. Juan C. Bianco

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: EMILIANO ROSSI

Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1461 1516 1564"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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.



ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: Germán Fortunato

Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio

Manuscript Number (if known): http://dx.doi.org/10.7775/rac.es.v92.i3.20784

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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Germán A. Fortunato

ICMJE DISCLOSURE FORM

Date: 24/05/2024

Your Name: FLORENCIA VALDECANTOS

Manuscript Title: Válvulas de rápido implante versus válvulas tradicionales en reemplazo valvular aórtico en pacientes de riesgo intermedio

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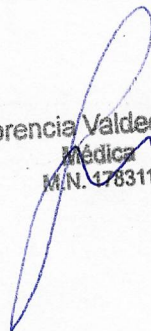
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 Florencia Valdecantos
 Médica
 M.N. 478311