

ICMJJE DISCLOSURE FORM

Date: 01/10/2024

Your Name: Rubén Kevorkian

Manuscript Title: La situación actual del cardiólogo en nuestro país. Resultados de la encuesta del área de políticas de salud

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v92.i5.20813>

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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6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☒ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None	
13	Other financial or non-financial interests	☒ None	

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

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 Dr. Ruben Kevorkian

ICMJE DISCLOSURE FORM

Date: 01/10/2024
 Your Name: Oswaldo Masoli
 Manuscript Title: La situación actual del cardiólogo en nuestro país. Resultados de la encuesta del área de políticas de salud
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ICMJE DISCLOSURE FORM

Date: 01/10/2024

Your Name: Diego S. Novielli

Manuscript Title: La situación actual del cardiólogo en nuestro país. Resultados de la encuesta del área de políticas de salud

Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v92.i5.20813>

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DR. NOVIELLI DIEGO
DNI 33.419.774

ICMJE DISCLOSURE FORM

Date:

01/10/2024

Your Name:

Fernando J. Sokn

Manuscript Title:

La situación actual del cardiólogo en nuestro país. Resultados de la encuesta

del área de políticas de salud

Manuscript Number (if known):

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DR. FERNANDO J. SOKN
Cardiologo
M.N. 70169

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Cardiologo
M.N. 70169

ICMJE DISCLOSURE FORM

Date: 01/10/2024

Your Name: Anibal Picarel

Manuscript Title: La situación actual del cardiólogo en nuestro país. Resultados de la encuesta del área de políticas de salud

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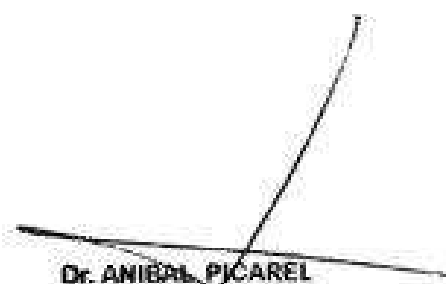
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Dr. ANIBAL PICAREL
M.P. 29157
Cardiologo Universitario

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Date: 01/10/2024
 Your Name: Carlos Rapallo
 Manuscript Title: La situación actual del cardiólogo en nuestro país. Resultados de la encuesta del área de políticas de salud
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BUENOS AIRES, 02 OCTUBRE 2024


CARLOS RARALWO

ICMJE DISCLOSURE FORM

Date: 01/10/2024

Your Name: Jorge E. Trongé

Manuscript Title: La situación actual del cardiólogo en nuestro país. Resultados de la encuesta del área de políticas de salud

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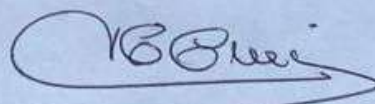
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ None 	
5	Payment or honoraria for lectures, presentations, 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 	

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


 JUDGE TRONZE

ICMJE DISCLOSURE FORM

Date: 01/10/2024

Your Name: Horacio Pomes Iparraguirre

Manuscript Title: La situación actual del cardiólogo en nuestro país. Resultados de la encuesta del área de políticas de salud

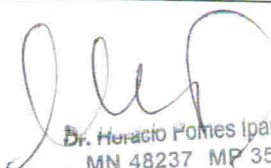
Manuscript Number (if known): <http://dx.doi.org/10.7775/rac.es.v92.i4.20813>

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.

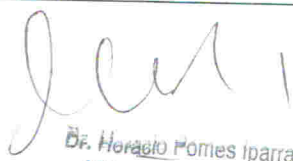
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

		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 <table border="1" data-bbox="370 1068 1513 1190"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							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 <table border="1" data-bbox="363 1466 1485 1588"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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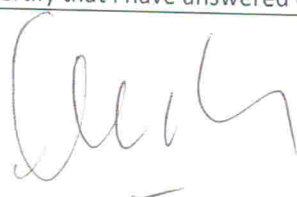
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