

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Janhet Ovando

Manuscript Title: Estenosis carotídea severa asociada a persistencia de arteria hipoglosa: resolución endovascular con doble protección embólica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i4.21033>

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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ju m pj u m p1 0	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	

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.

Jhaneth Ovando G.

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Daniel H. Avayú

Manuscript Title: Estenosis carotídea severa asociada a persistencia de arteria hipoglosa: resolución endovascular con doble protección embólica

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ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Karina Palacios

Manuscript Title: Estenosis carotídea severa asociada a persistencia de arteria hipoglosa: resolución endovascular con doble protección embólica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i4.21033>

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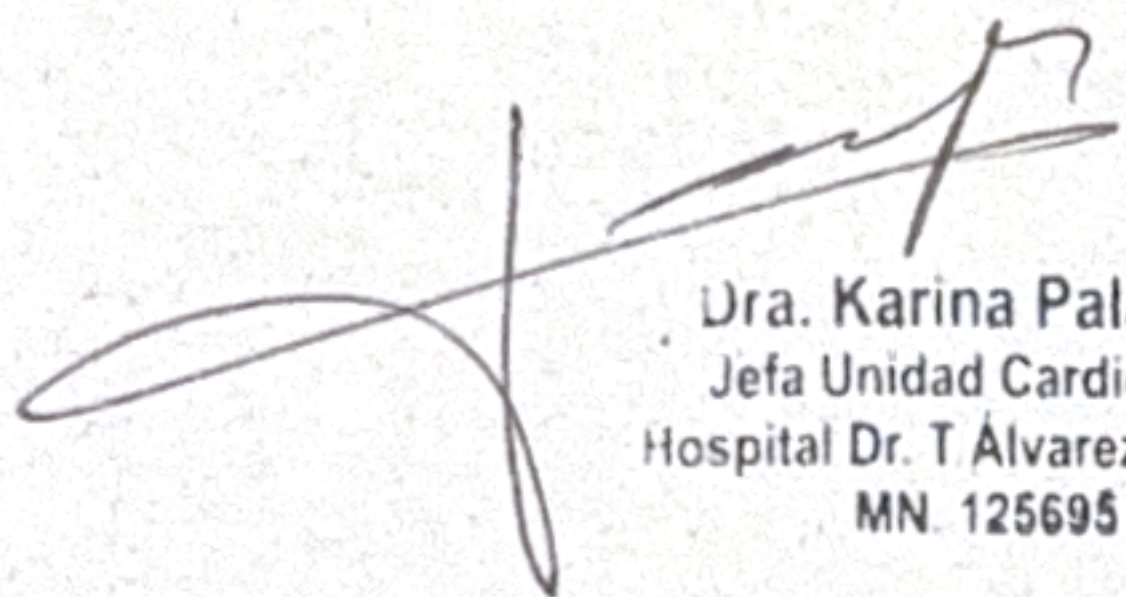
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Dra. Karina Palacios
Jefa Unidad Cardiología
Hospital Dr. T Álvarez - GCBA
MN. 125695

		☒ None						
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Dra. Karina Palacios
 Jefa Unidad Cardiología
 Hospital Dr. T. Álvarez - GCBA
 MN. 125695

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Dra. Karina Palacios
Jefa Unidad Cardiología
Hospital Dr. T. Álvarez - GCBA
MN. 125695

ICMJE DISCLOSURE FORM

Date:

04/08/2026

Your Name:

Marcos Tomasella

Manuscript Title:

Estenosis carotídea severa asociada a persistencia de arteria hipoglosa: resolución endovascular con doble protección embólica

Manuscript Number (if known):

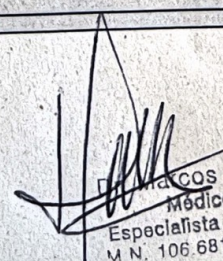
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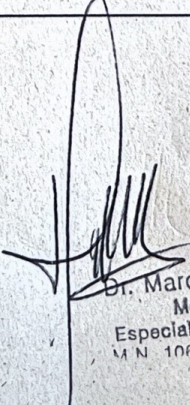
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3	Royalties or licenses	☒ None


 Marcos P. Tomasella
 Médico U.B.A.
 Especialista en Cardiología
 M.N. 106.681 - M.P. 448.140

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 Dr. Marcos P. Tomasella
 Médico U.B.A.
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 M.N. 106 681 - M.P. 448.140

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 Dr. Marcos P. Tomasella
 Médico U.B.A.
 Especialista en Cardiología
 M.N. 106.681 - M.P. 448.140

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Jorge Goral

Manuscript Title: Estenosis carotídea severa asociada a persistencia de arteria hipoglosa: resolución endovascular con doble protección embólica

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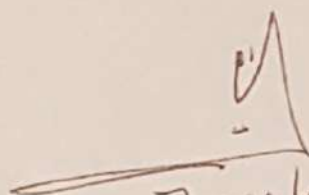
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Jorge Luis Goral

ICMJE DISCLOSURE FORM

Date: 04/08/2026

Your Name: Leonel Dzembrowski

Manuscript Title: Estenosis carotídea severa asociada a persistencia de arteria hipoglosa: resolución endovascular con doble protección embólica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i4.21033>

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	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None	
ju m p j u m p1 0	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.

