

ICMJE DISCLOSURE FORM

Date: 21/10/2026

Your Name: Ramiro Malagrini

Manuscript Title: Isquemia arterial aguda de miembro superior por síndrome de opérculo torácico

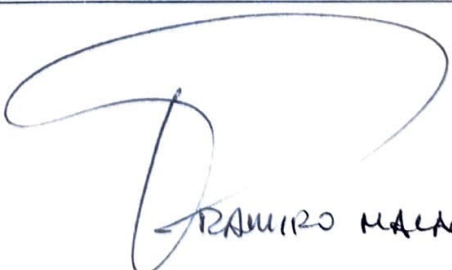
Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21052>

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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 RAMIRO MALAGRINI

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4	Consulting fees	☒ None <div></div> <div></div> <div></div> <div></div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None <div></div> <div></div> <div></div>	
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7	Support for attending meetings and/or travel	☒ None <div></div> <div></div> <div></div>	
8	Patents planned, issued or pending	☒ None <div></div> <div></div> <div></div>	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <div></div> <div></div> <div></div>	
ju m p j u m p1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None <div></div> <div></div> <div></div>	

FRANCESCO MACAGGI

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

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

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RAMI B. MARAGHI

ICMJE DISCLOSURE FORM

Date:21/10/2026

Your Name:Robertino Bevacqua

Manuscript Title:Isquemia arterial aguda de miembro superior por síndrome de opérculo torácico

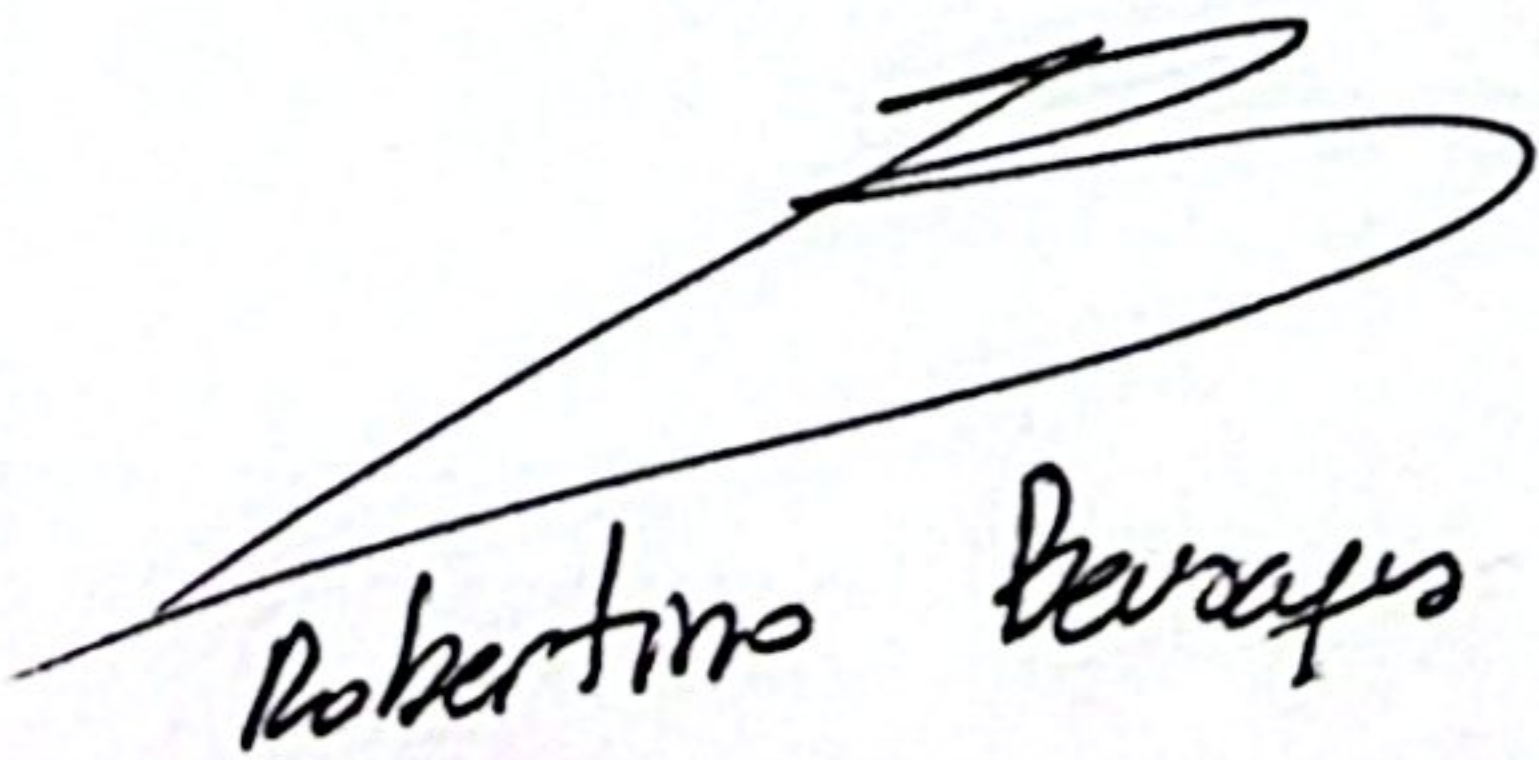
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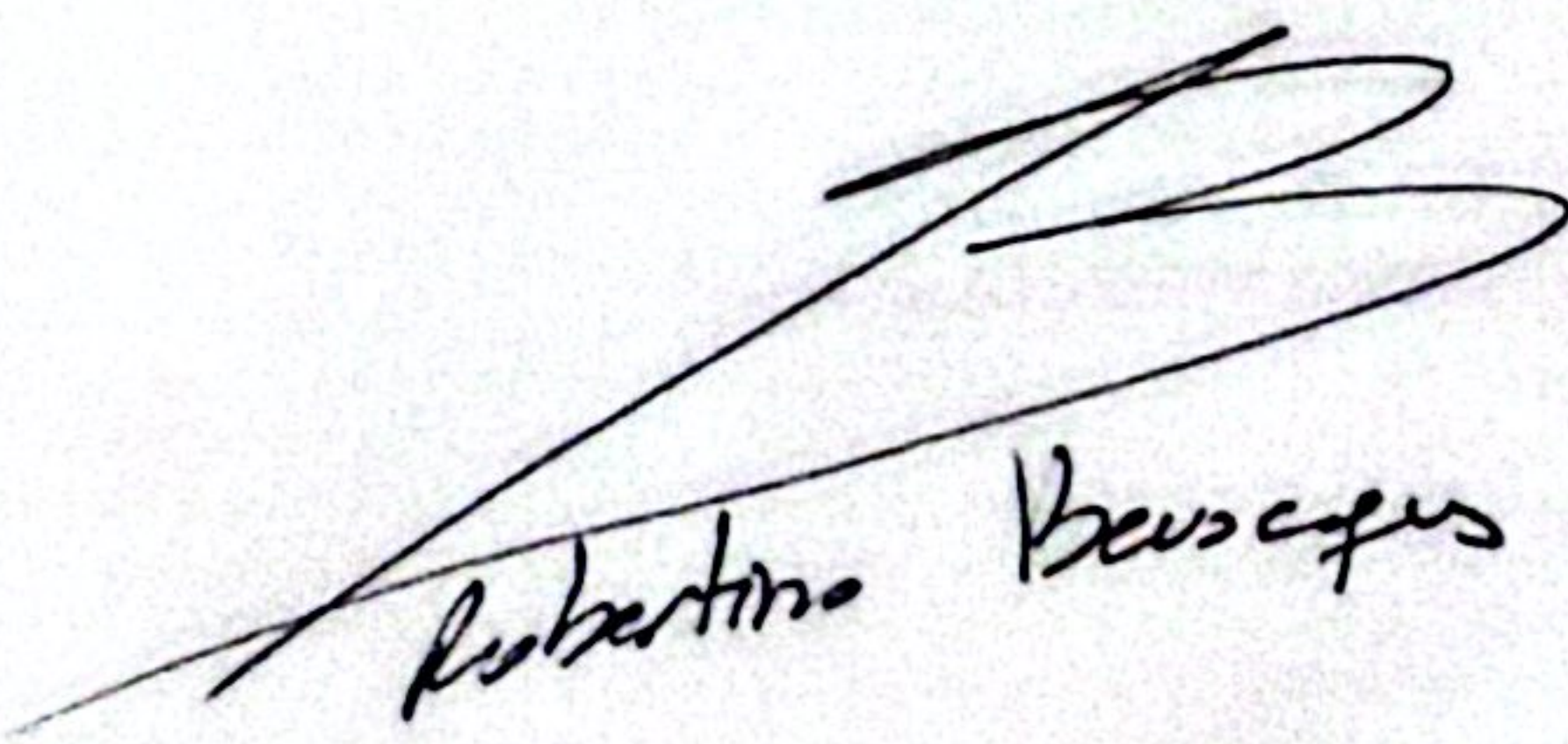
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Robertino Bevacqua

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Roberto Bouscages

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Roberto Bercego

ICMJE DISCLOSURE FORM

Date: 21/10/2026
 Your Name: Hernán Chen
 Manuscript Title: Isquemia arterial aguda de miembro superior por síndrome de opérculo torácico

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21052>

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 CHEN HUAN

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 CHEN HERNAN

ICMJE DISCLOSURE FORM

Date: 21/10/2026

Your Name: Mariano Norese

Manuscript Title: **Isquemia arterial aguda de miembro superior por síndrome de opérculo torácico**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21052>

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 NORESE

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NORESE

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Date: 21/10/2026

Your Name: Sergio Ferreyra Fernández

Manuscript Title: Isquemia arterial aguda de miembro superior por síndrome de opérculo torácico

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21052>

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 SERGIO FERREYRA
 FERNÁNDEZ

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Sergio Fernandez
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SERGIO FERRERAS
VERONER

ICMJE DISCLOSURE FORM

Date: 21/10/2026

Your Name: Juan Pablo González

Manuscript Title: **Isquemia arterial aguda de miembro superior por síndrome de opérculo torácico**

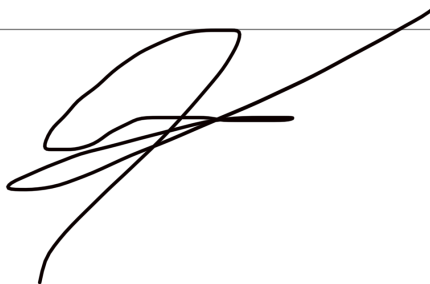
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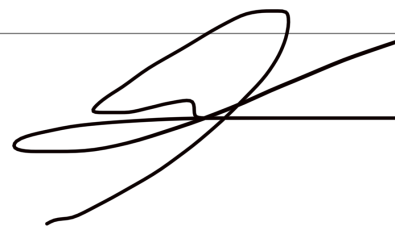
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