

ICMJE DISCLOSURE FORM

Date: 26/10/2026

Your Name: Yanina Castillo Costa

Manuscript Title: Infarto agudo de miocardio con elevación del ST en argentina. 11 años del Registro ARGEN-IAM-ST

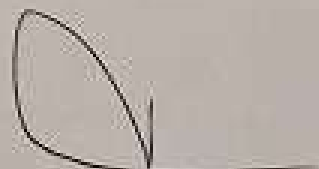
Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21057>

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7	Support for attending meetings and/or travel	☒ None 	
8	Patents planned, issued or pending	☒ None 	
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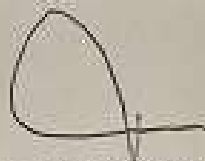
Dra. Yanina Castillo Costa
 Especialista en Cardiología
 M.N. 92845

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Yanina



Dra. Yanina Castillo Costa
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Date: 26/10/2026

Your Name: Heraldo D'Imperio

Manuscript Title: **Infarto agudo de miocardio con elevación del ST en argentina. 11 años del Registro ARGEN-IAM-ST**

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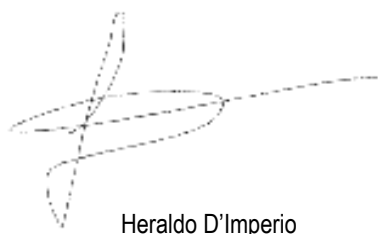
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Heraldo D'Imperio

ICMJE DISCLOSURE FORM

Date: 26/10/2026

Your Name: Juan A. Gagliardi

Manuscript Title: **Infarto agudo de miocardio con elevación del ST en argentina. 11 años del Registro ARGEN-IAM-ST**

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Dr. JUAN A. GAGLIARDI
DOCTOR EN MEDICINA
MÉDICO CARDIÓLOGO
M.N. 69818

ICMJE DISCLOSURE FORM

Date:

26/10/2026

Your Name:

Stella M. Macín

Manuscript Title:

Infarto agudo de miocardio con elevación del ST en argentina.
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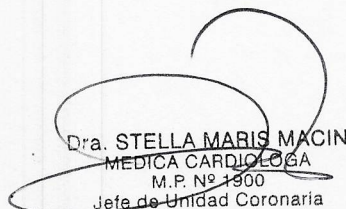
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Chas


 Dra. STELLA MARIS MACIN
 MEDICA CARDIOLOGA
 M.P. N° 1900
 Jefe de Unidad Coronaria
 Instituto de Cardiología de Ctes.

ICMJE DISCLOSURE FORM

Date: 26/10/2026

Your Name: Eduardo R. Perna

Manuscript Title: Infarto agudo de miocardio con elevación del ST en argentina. 11 años del Registro ARGEN-IAM-ST

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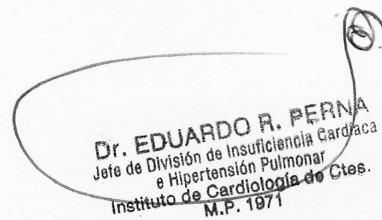
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Dr. EDUARDO R. PERNA

Jefe de División de Insuficiencia Cardíaca

e Hipertensión Pulmonar

Instituto de Cardiología de Ctes.

M.P. 1971

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Date: 26/10/2026

Your Name: Carlos D. Tajer

Manuscript Title: **Infarto agudo de miocardio con elevación del ST en argentina. 11 años del Registro ARGEN-IAM-ST**

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Dr. Carlos Daniel Tajer

ICMJE DISCLOSURE FORM

Date: 26/10/2026

Your Name: Adrián Charask

Manuscript Title: **Infarto agudo de miocardio con elevación del ST en argentina. 11 años del Registro ARGEN-IAM-ST**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21057>

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"> <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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	☒ None						

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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	
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,	☒ 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)
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	☒ None	

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ICMJE DISCLOSURE FORM

Date: 26/10/2026

Your Name: Gustavo Cerezo

Manuscript Title: Infarto agudo de miocardio con elevación del ST en argentina.
11 años del Registro ARGEN-IAM-ST

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21057>

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[Signature]

Dr. Gustavo H. Cerezo
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M.N. 66559