

ICMJE DISCLOSURE FORM

Date: 15/03/2025

Your Name: Josefina del Banchio

Manuscript Title: Genética en Argentina: identificación de una nueva variante genética asociada con hipertensión arterial pulmonar

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20870

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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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.

MARIA JOSEFINA BANCHIO DAL BÓ
MN 161745

ICMJE DISCLOSURE FORM

Date: 15/03/2025

Your Name: Liliana E. Favaloro

Manuscript Title: **Genética en Argentina: identificación de una nueva variante genética asociada con hipertensión arterial pulmonar**

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Dra Liliana Ethel Favalaro

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Date: 15/03/2025

Your Name: María B. Fontecha

Manuscript Title: Genética en Argentina: identificación de una nueva variante genética asociada con hipertensión arterial pulmonar

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Lic. María Belén Fontecha

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Date: 15/03/2025

Your Name: Ariela Fundia

Manuscript Title: **Genética en Argentina: identificación de una nueva variante genética asociada con hipertensión arterial pulmonar**

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Your Name: Jorge O. Caneva

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							

		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	<input checked="" type="checkbox"/> None	
		/	/
		/	/
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.

[Signature]
 June D. Cienera
 ID# 13368349
 9/1/2025