

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: María E. Adaniya

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20879>

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 <table border="1" data-bbox="386 867 1520 972"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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Please place an "X" next to the following statement to indicate your agreement: [Maria Elena Adaniya](#) 

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

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Date: 15/04/2025

Your Name: Miguel A. Barranco

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

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MIGUEL A. BARRANCO
Barranco
M.N. 74.007 M.P. 441.694

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Miguel A. Barranco

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

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Barranco
M.N. 74.007 M.P. 441.694

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Date: 15/04/2025

Your Name: Silvia C. González

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

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 Silvia González

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Date: 15/04/2025

Your Name: Ricardo Migliore

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Dr. RICARDO A. MIGLIORE
CARDIOLOGO
M.N. 52891 - M.P. 47307

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Date: 15/04/2025

Your Name: Jorge R. Palaguerra Baptista

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1" data-bbox="363 1554 1407 1653"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	☒ None <table border="1" data-bbox="363 1756 1430 1854"> <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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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 JORGE RAFAEL PALAGUERRA BERNIERE
 D.M. 95626232

RAFAEL PALAGUERRA B.
 CARDIOLOGÍA
 M.N. 164095 - M.P. 456967

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Mariana Bentkowski

Manuscript Title:

Relación entre la cupla ventriculoarterial y el estadio de
daño
extravalvular en la estenosis aórtica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20879>

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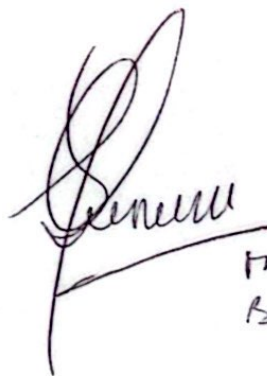
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MARIANA
BENTKOWSKI

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Jeremías Dorsch

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20879>

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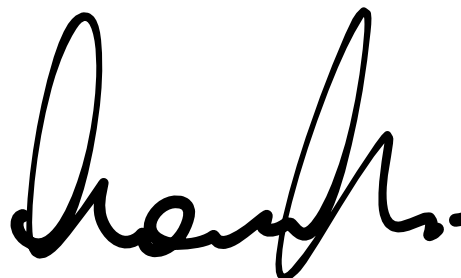
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4	Consulting fees	☒ None <table border="1" data-bbox="383 266 1516 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Silvia C. González

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20879>

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 Silvia González

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Ricardo Migliore

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20879>

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Dr. RICARDO A. MIGLIORE
CARDIOLOGO
M.N. 52891 - M.P. 47307

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Jorge R. Palaguerra Baptista

Manuscript Title: Relación entre la cupla ventriculoarterial y el estadio de daño extravalvular en la estenosis aórtica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20879>

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4	Consulting fees	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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>							

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.


 JORGE RAFAEL PALAGUERRA BERNIERE
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