

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Martín Puigdomenech

Manuscript Title:

Condiciones extremas de vida en la Antártida y su impacto sobre el sistema cardiovascular


Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20882>

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 C. Puigdomenech Martín
 M.P. 9409
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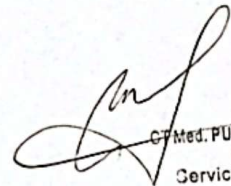
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Please place an "X" next to the following statement to indicate your agreement:

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Dr. Puigdomenech Martín
 M.P. 9409
 Servicio de Cardiología
 H.M.M. Reg Mza

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Date: 15/04/2025
Your Name: Ana Azara
Manuscript Title: _____

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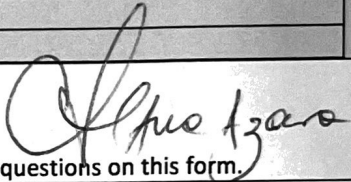
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Date: 15/04/2025

Your Name: Ricardo Iglesias

Manuscript Title: Condiciones extremas de vida en la Antártida y su impacto sobre el sistema cardiovascular

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20882

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Dr. Ricardo Iglesias

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Dr Matías Deprati
MN: 98130

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Date: 15/04/2025

Your Name: Santiago Pérez Lloret

Manuscript Title: Condiciones extremas de vida en la Antártida y su impacto sobre el sistema cardiovascular

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <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)
4	Consulting fees	X None	
		Laboratorios ELEA	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		Laboratorios ELEA	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X 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	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

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



Santiago Pérez Lloret
19/5/25

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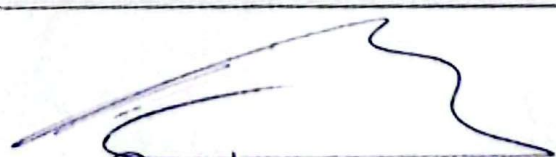
Date: 15/04/2025
 Your Name: Antonio Bertarini
 Manuscript Title: Condiciones extremas de vida en la Antártida y su impacto sobre el sistema cardiovascular
 Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i2.20882

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.

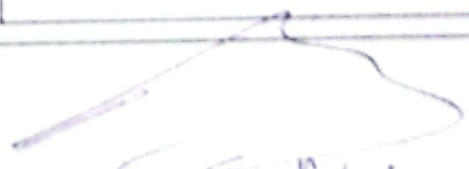
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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 Bertarini, Antonio
 MP 5044
 DNI 516006960

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None


 Bertram Antonio
 M.D. P. 5014
 DWS 26006960

	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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>						
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Please place an "X" next to the following statement to indicate your agreement: x

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



Borstan Anand
 MP 5044
 DMS 160 06960

ICMJE DISCLOSURE FORM

Date: 15/04/2025

Your Name: Roxana Ratto

Manuscript Title: Condiciones extremas de vida en la Antártida y su impacto sobre el sistema cardiovascular

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i2.20882>

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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></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%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Julie
 RATIO ROXANA
 NJ 108563
 DNI 25704661

ICMJE DISCLOSURE FORM

Date:	15/04/2025
Your Name:	Brian Silvan Schachtel
Manuscript Title:	Condiciones extremas de vida en la Antártida y su impacto sobre el sistema cardiovascular
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i2.20882
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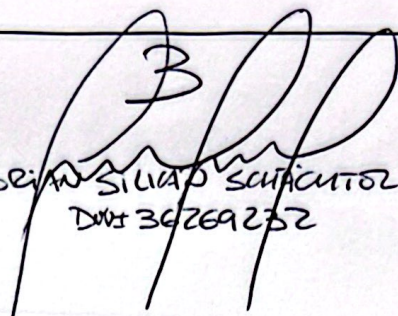
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Time frame: past 36 months		
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4	Consulting fees	<input checked="" type="checkbox"/> None
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	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6	Payment for expert testimony <input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7	Support for attending meetings and/or travel <input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8	Patents planned, issued or pending <input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9	Participation on a Data Safety Monitoring Board or Advisory Board <input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid <input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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LICEF BRIAN SILVIO SCHACHTEL
DWT 34269232