

## ICMJE DISCLOSURE FORM

**Date:** 15/05/2025

**Your Name:** José Luis González

**Manuscript Title:** Ablación endo-epicárdica de taquicardia ventricular en miocardiopatía arritmogénica del ventrículo derecho

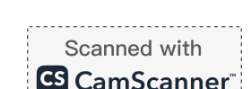
**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i3.20889>

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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.



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**Date:** 15/05/2025

**Your Name:** Néstor Galizio

**Manuscript Title:** Ablación endo-epicárdica de taquicardia ventricular en miocardiopatía arritmogénica del ventrículo derecho

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v93.i3.20889

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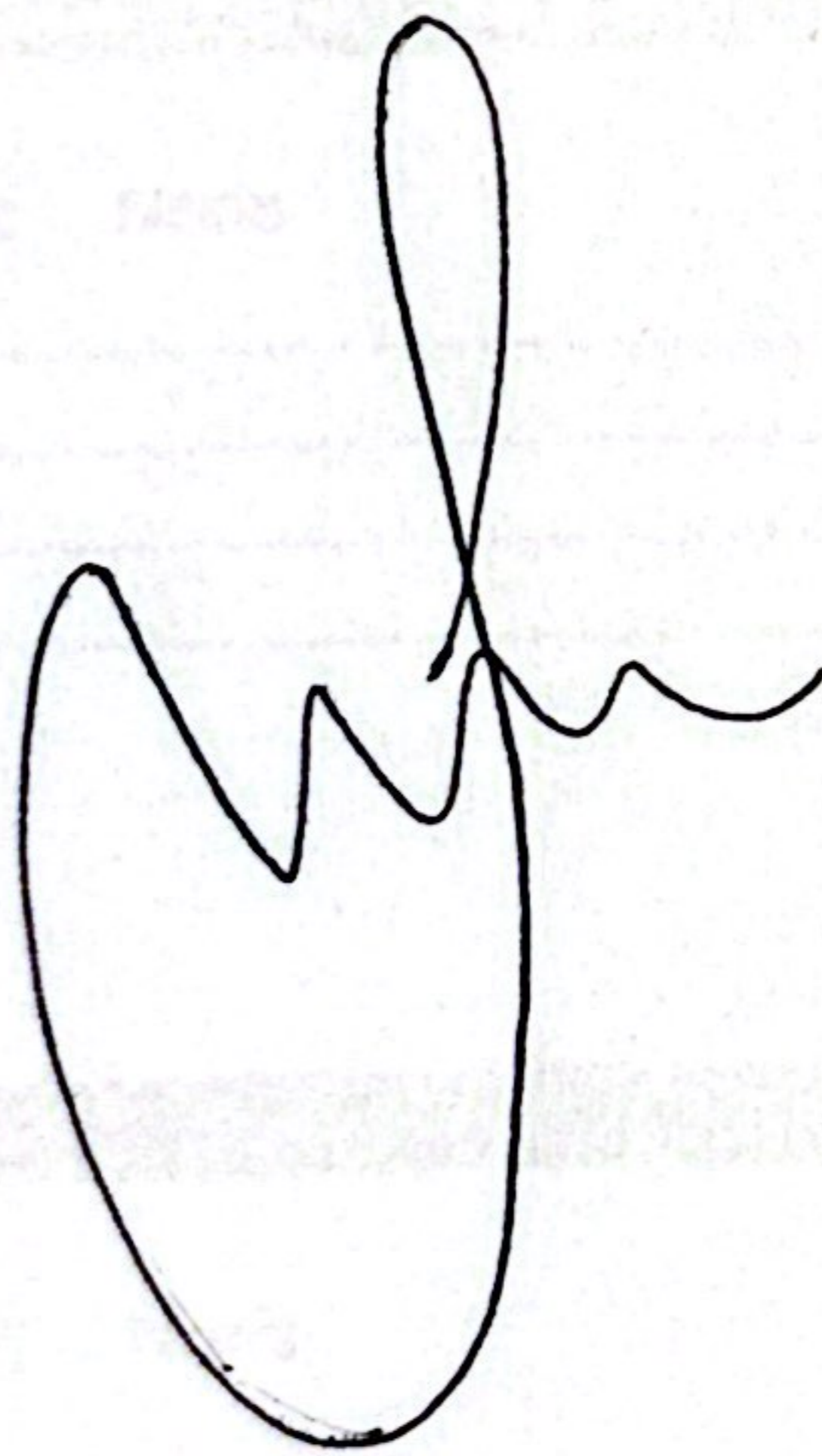
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## ICMJE DISCLOSURE FORM

**Date:** 15/05/2025

**Your Name:** Guillermo Carnero

**Manuscript Title:** Ablación endo-epicárdica de taquicardia ventricular en miocardiopatía arritmogénica del ventrículo derecho

**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i3.20889>

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**Your Name:** Mariel Álvarez Correa

**Manuscript Title:** Ablación endo-epicárdica de taquicardia ventricular en miocardiopatía arritmogénica del ventrículo derecho

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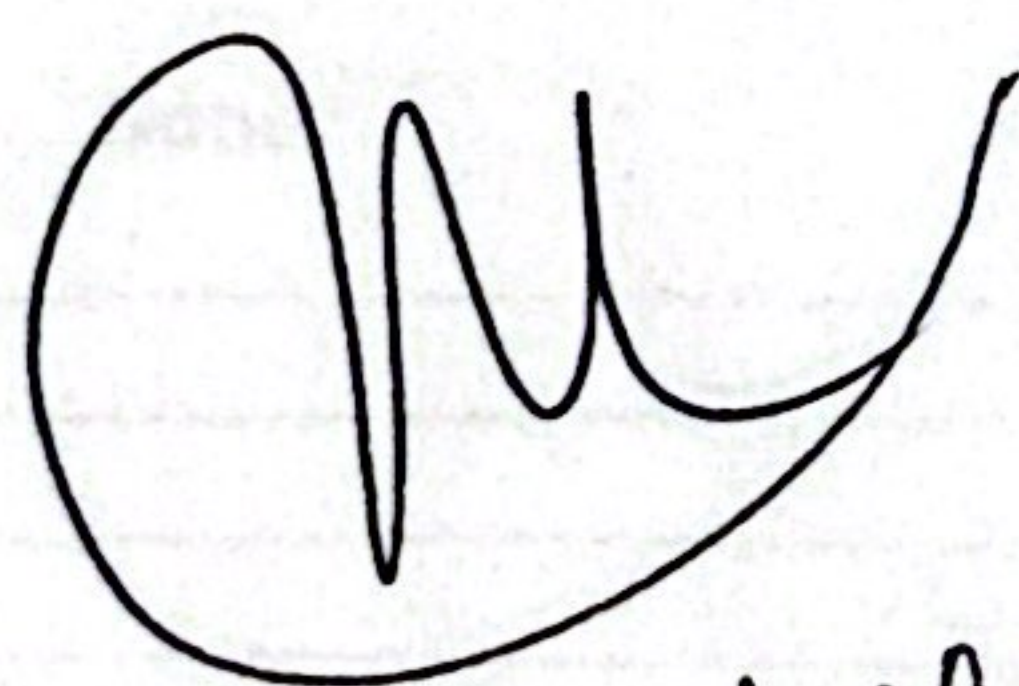
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Mariel Alvarez Correa.

Dra. Mariel Alvarez Correa  
M. N. 148.437  
Servicio Electrofisiología Cardíaca  
Hosp. Univ. Fundación Favaloro

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**Date:** 15/05/2025

**Your Name:** Rocío Benito

**Manuscript Title:** Ablación endo-epicárdica de taquicardia ventricular en miocardiopatía arritmogénica del ventrículo derecho

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 100px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 100px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <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	<input checked="" type="checkbox"/> None    	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None    	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None    	
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    	

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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.

Dra. Rocio Benito  
 M.N. 187310  
 Servicio de Electrofisiología Cardíaca  
 Hosp. Univ. Fundación Favalerio

## ICMJE DISCLOSURE FORM

**Date:** 15/05/2025

**Your Name:** Mauricio Mysuta

**Manuscript Title:** Ablación endo-epicárdica de taquicardia ventricular en miocardiopatía arritmogénica del ventrículo derecho

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v93.i3.20889

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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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.

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> Click the tab key to add additional rows.						
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