Date:	06/08/2025
Your Name:	Daniel Abregú
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		Name all entities with wl relationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fram	e: 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		Click the tab key to add additional rows.
	tins itemi		Time frame: past 36 month	ns .
con	Grants or contracts from any entity (if not	None	·	
	indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
11	Stock or stock options		None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	se nlace an "X" nex	t to the	following statement to indicate your agreeme	nt·



Date:	06/08/2025
Your Name:	Rodrigo Alderete
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		Name all entities with wl relationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fram	e: 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		Click the tab key to add additional rows.
	tins itemi		Time frame: past 36 month	ns .
con	Grants or contracts from any entity (if not	None	·	
	indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Nam	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	ionship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	



Date:	06/08/2025
Your Name:	Guillermina Eleit
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		Name all entities with wl relationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fram	e: 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		Click the tab key to add additional rows.
	tins itemi		Time frame: past 36 month	ns .
con	Grants or contracts from any entity (if not	None	·	
	indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			Comments (e.g., if payments were to your institution)
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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. GUILLERMINA ELEIT

Date:	06/08/2025
Your Name:	Luis Fiszman
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		Name all entities with wl relationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fram	e: 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		Click the tab key to add additional rows.
	tins itemi		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not	None	·	
	indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	⊠ None	



Date:	06/08/2025
Your Name:	Laura Flores
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables
	cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		Name all entities with wl relationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fram	e: 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		Click the tab key to add additional rows.
	tins itemi		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not	None	·	
	indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments made to you or to your institution)	were
11	Stock or stock		
	options	None     ■	
12	Receipt of equipment, materials, drugs,	None     ■ No	
	medical writing,		
	gifts or other		
	services		
13	Other financial or non-financial interests	⊠ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		



Date:	06/08/2025
Your Name:	Ricardo Galdeano
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables
	cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	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 None	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     ■	
4	Consulting fees	None	

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
5	Payment or		
	honoraria for		
	lectures,		
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for	_	
	expert testimony	⊠ None	
7	Support for		
	attending	⊠ None	
	meetings and/or		
	travel		
8	Patents planned,		
	issued or pending	⊠ None	
	pending		
9	Participation on		
	a Data Safety		
	Monitoring	Z None	
	Board or		
	Advisory Board		
10	Leadership or		
	fiduciary role in	None	
	other board, society,		
	committee or		
	advocacy group,		
	paid or unpaid		
11	Stock or stock		
	options	None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
12	Receipt of equipment, materials, drugs,	$\boxtimes$	None	
	medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial interests	$\boxtimes$	None	
Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Japhan

Date:	06/08/2025
Your Name:	Claudio Joo Turoni
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relat	ionship or indicate none (add rows as needed)	made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the			
	present	$\boxtimes$	None	
	manuscript (e.g.,			
	funding, provision			
	of study			
	materials, medical			Click the tab key to add additional rows.
	writing, article	<u> </u>	<u> </u>	
	processing			
	charges, etc.)			
	No time limit for			
	this item.			
			Time frame: past 36 month	IS .
2	Grants or			
	contracts from	$\boxtimes$	None	
	any entity (if not	_		
	indicated in item			
	#1 above).			
3	Royalties or			
	licenses	$\boxtimes$	None	

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) made to you or to your institution)	ments were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	06/08/2025
Your Name:	Rodrigo Marañón
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables
	cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		e all entities with whom you have this onship 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	None	Click the tab key to add additional rows.
	this item.	T' (	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month  None	is
3	Royalties or licenses	None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None     Non		
12	Receipt of equipment, materials, drugs,	⊠ None		
	medical writing, gifts or other services			
13	Other financial or non-financial interests	⊠ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	06/08/2025
Your Name:	Sergio Mauro
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables cardiovasculares en una comunidad originaria de alta montaña
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914

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.

		Name all entities with wl relationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fram	e: 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		Click the tab key to add additional rows.
	tins itemi		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not	None	·	
	indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
13	Other financial or non-financial interests	None	



Date:	06/08/2025	
Your Name:	Gabriela Zeballos	
Manuscript Title:	Programa SONQO-CALCHAQUÍ IV Edición 2024. Evaluación de variables cardiovasculares en una comunidad originaria de alta montaña	
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i4.20914	

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.

			with whom you have this licate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Tim	e 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		Click the tab key to add additional rows.
	tins itemi		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	·	
3	Royalties or licenses	⊠ 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)
4	Consulting fees		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None	

		Name all entities with whom you have this Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed) made to you or to your institution)		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None — — — — — — — — — — — — — — — — — — —		
Please place an "X" next to the following statement to indicate your agreement:				