

ICMJE DISCLOSURE FORM

Date: 15/05/2025

Your Name: Javier Gregorio Rekondo Olaetxea

Manuscript Title: Pericarditis aguda asociada a enfermedad de Graves-Basedow: a propósito de un caso

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i3.20903

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1516 403"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 508 1516 609"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 831 1516 932"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1037 1516 1138"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1243 1516 1344"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1449 1516 1549"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1654 1516 1755"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D. Xue

ICMJE DISCLOSURE FORM

Date: 15/05/2025

Your Name: Ainhoa Echenique Clerigué

Manuscript Title: Pericarditis aguda asociada a enfermedad de Graves-Basedow: a propósito de un caso

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20903>

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Annha Echenique Clergé

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Date: 15/05/2025

Your Name: Alain García Olea

Manuscript Title: Pericarditis aguda asociada a enfermedad de Graves-Basedow: a propósito de un caso

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