

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Lucila Carosella

Manuscript Title: **Correlación de los hallazgos del estudio genético con el fenotipo en una cohorte de pacientes con miocardiopatía hipertrófica**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20915>

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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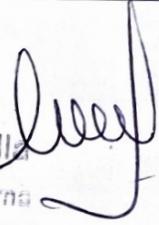
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months		
2	Grants or contracts from any entity (if 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 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 	
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.


 Lucila Carosella
 CARDIOLOGA
 Esp. Medicina Interna
 M.N. 152343

ICMJE DISCLOSURE FORM

Date: 06/08/2025
Your Name: Florencia Mando
Manuscript Title:

Correlación de los hallazgos del estudio genético con el fenotipo en una cohorte de pacientes con miocardiopatía hipertrófica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20915>

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	manuscript writing or educational events	☒ None
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12/13/2021 ICMJE Disclosure Form

Handwritten signature

Florenza Mando

02 / 09 / 2025

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Jorge Thierer

Manuscript Title:

Correlación de los hallazgos del estudio genético con el fenotipo en una cohorte de pacientes con miocardiopatía hipertrófica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i4.20915>

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JT

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Josefina Parodi

Manuscript Title:

Correlación genotipo-fenotipo en una cohorte de pacientes con miocardiopatía hipertrófica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i3.20915>

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1" data-bbox="370 1564 1477 1669"> <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="370 1774 1502 1879"> <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" data-bbox="370 268 1502 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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None <table border="1" data-bbox="370 506 1502 611"> <tr><td>BMS</td><td>Personal</td></tr> <tr><td>Gador</td><td>Personal</td></tr> <tr><td>Pfizer</td><td></td></tr> </table>		BMS	Personal	Gador	Personal	Pfizer			
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6	Payment for expert testimony	☒ None <table border="1" data-bbox="370 831 1502 936"> <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" data-bbox="370 1041 1502 1146"> <tr><td>Gador</td><td>Personal</td></tr> <tr><td>Pfizer</td><td>Personal</td></tr> <tr><td></td><td></td></tr> </table>		Gador	Personal	Pfizer	Personal				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1" data-bbox="370 1461 1502 1566"> <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" data-bbox="370 1671 1502 1776"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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Josefina B. Parodi

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Michael Salamé

Manuscript Title: **Correlación de los hallazgos del estudio genético con el fenotipo en una cohorte de pacientes con miocardiopatía hipertrófica**

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Dr. Michael Salame
Especialista en Cardiología
M.P.: 340134 M.N.: 154217

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Javier Guetta

Manuscript Title:

Correlación de los hallazgos del estudio genético con el fenotipo en una cohorte de pacientes con miocardiopatía hipertrófica

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i4.20915>

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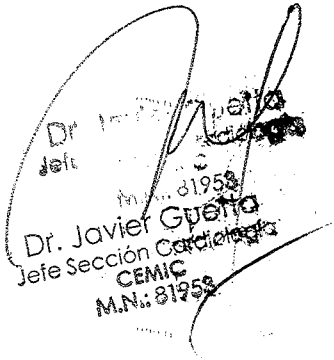
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 Dr. Javier Guerra
 Jefe Sección Cardiología
 CEMIC
 M.N.: 81958

12 sep 2025

ICMJE DISCLOSURE FORM

Date: 06/08/2025

Your Name: Martín Munin

Manuscript Title: **Correlación de los hallazgos del estudio genético con el fenotipo en una cohorte de pacientes con miocardiopatía hipertrófica**

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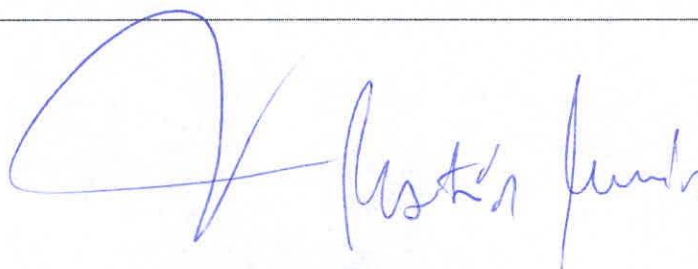
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