

ICMJE DISCLOSURE FORM

Date: 03/11/2025

Your Name: HERALDO A. D'IMPERIO

Manuscript Title: **Delirium postoperatorio en cirugía cardiovascular: análisis de factores predictores a partir del registro nacional ARGEN-CCV.**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i5.20925>

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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Heraldo A. D'Imperio

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Date: 03/11/2025

Your Name: JUAN GAGLIARDI

Manuscript Title: **Delirium postoperatorio en cirugía cardiovascular: análisis de factores predictores a partir del registro nacional ARGEN-CCV.**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i5.20925>

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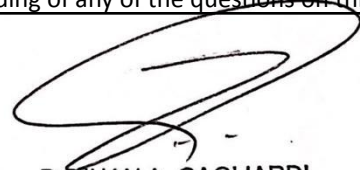
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Dr. JUAN A. GAGLIARDI
 DOCTOR EN MEDICINA
 MÉDICO CARDIÓLOGO
 M.N. 69818

ICMJE DISCLOSURE FORM

Date: 03/11/2025

Your Name: MELISA ANTONIOLI

Manuscript Title: Delirium postoperatorio en cirugía cardiovascular: análisis de factores predictores a partir del registro nacional ARGEN-CCV.

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20925

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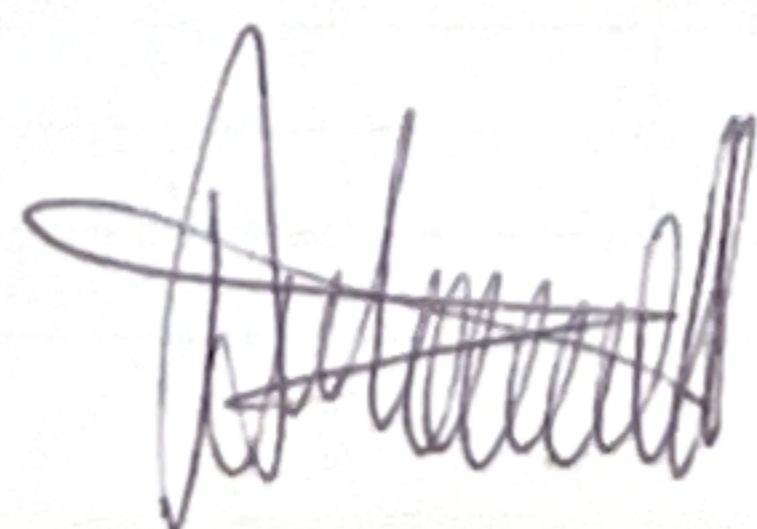
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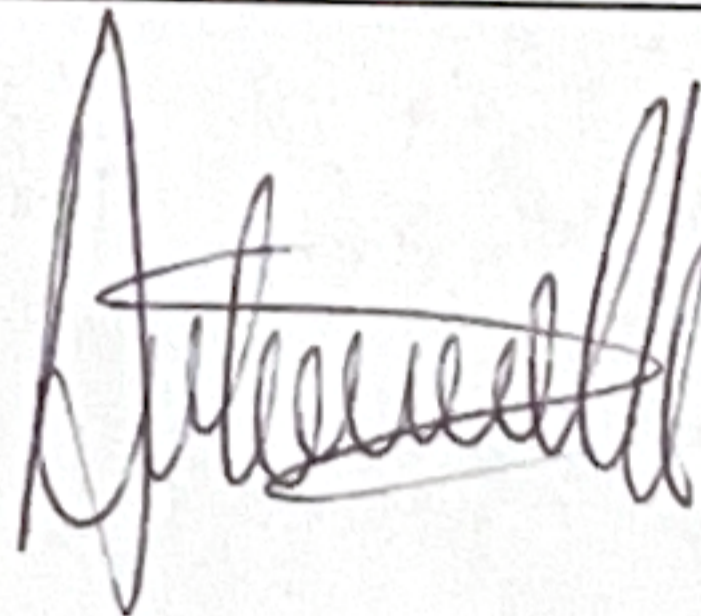
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Date: 03/11/2025

Your Name: DIEGO A. CRIPPA

Manuscript Title: Delirium postoperatorio en cirugía cardiovascular: análisis de factores predictores a partir del registro nacional ARGEN-CCV.

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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.


CRIPPA DIEGO
MÉDICO CARDIOLOGO
M.N. 120.479

ICMJE DISCLOSURE FORM

Date: 03/11/2025

Your Name: Giuliana A. Tresenza

Manuscript Title: Delirium postoperatorio en cirugía cardiovascular: análisis de factores predictores a partir del registro nacional ARGEN-CCV.

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20925

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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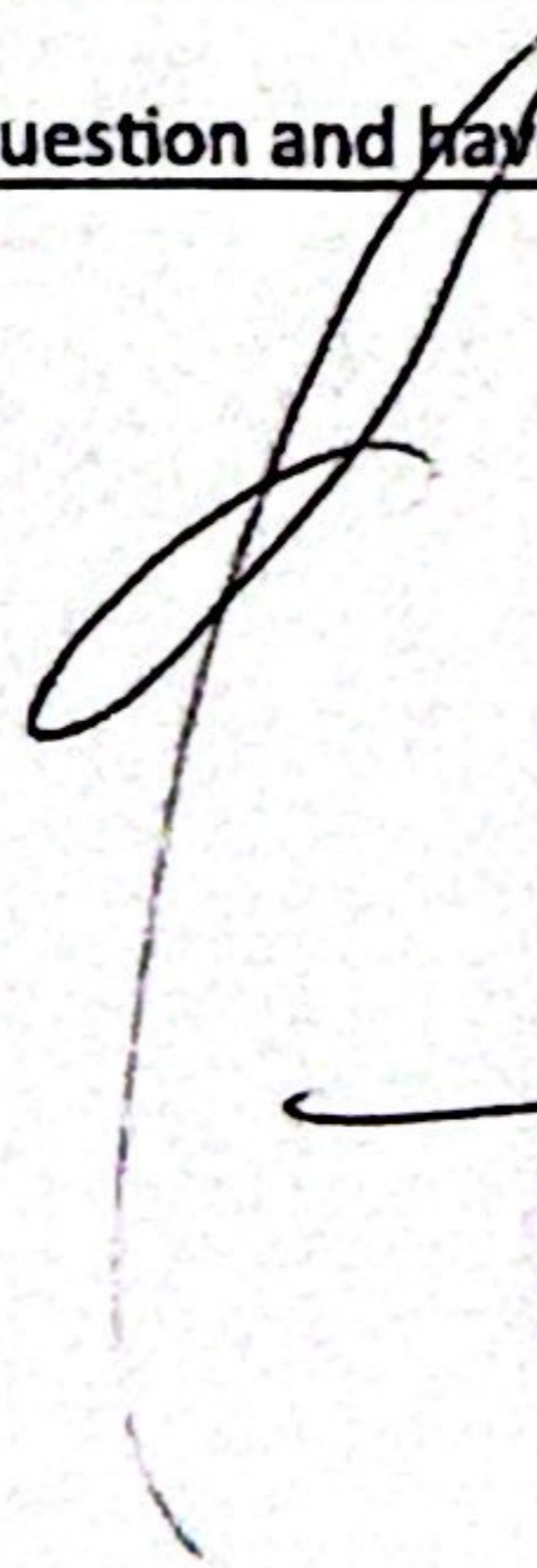
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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 Gioliana
 Tresenza.

ICMJE DISCLOSURE FORM

Date: 03/11/2025

Your Name: EZEQUIEL D. LERECH

Manuscript Title: Delirium postoperatorio en cirugía cardiovascular: análisis de factores predictores a partir del registro nacional ARGEN-CCV.

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Ezequiel Lerech

