Date: 4/11/2022
Your Name: Magali Gobbo
Manuscript Title: INOCA: Evaluación no invasiva de los mecanismos fisiopatológicos mediante CZT-SPECT
Manuscript Number (if known): [Click or tap here to enter text]

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Date: 4/11/2022

Your Name: Alejandro Meretta

Manuscript Title: INOCA: Evaluación no invasiva de los mecanismos fisiopatológicos mediante CZT-SPECT

Manuscript Number (if known): Click or tap here to enter text

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Date: 4/11/2022

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Manuscript Title: INOCA: Evaluación no invasiva de los mecanismos fisiopatológicos mediante CZT-SPECT

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Date: 4/11/2022

Your Name: Erica Retamozo

Manuscript Title: INOCA: Evaluación no invasiva de los mecanismos fisiopatológicos mediante CZT-SPECT

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**Date:** 4/11/2022  
**Your Name:** Estefanía Beber  
**Manuscript Title:** INOCA: Evaluación no invasiva de los mecanismos fisiopatológicos mediante CZT-SPECT  
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Your Name: Daniel Rosa

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## ICMJE Disclosure Form

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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| 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.
ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: Néstor Pérez Baliño

Manuscript Title: INOCA: Evaluación no invasiva de los mecanismos fisiopatológicos mediante CZT-SPECT

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.

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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ICMJE DISCLOSURE FORM

Date: 4/11/2022
Your Name: Osvaldo Masoli
Manuscript Title: INOCA: Evaluación no invasiva de los mecanismos fisiopatológicos mediante CZT-SPECT

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