

ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: Lucrecia María Burgos

Manuscript Title: Actitudes y prácticas clínicas en la insuficiencia cardiaca en médicos de Argentina

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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Date: 4/11/2022

Your Name: María Lorena Coronel

Manuscript Title: Actitudes y prácticas clínicas en la insuficiencia cardiaca en médicos de Argentina

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Jorge Thierer

Manuscript Title: Actitudes y prácticas clínicas en la insuficiencia cardiaca en médicos de Argentina

Manuscript Number (if known): [Click or tap here to enter text.](#)

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