

ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: Gabriel Dionisio

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta Hospitalaria Rápida en 6 horas

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.

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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 4/11/2022

Your Name: Sergio A. Centeno

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta HOspitalariaRÁpida en 6 horas

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

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Date: 4/11/2022

Your Name: [Alicia L. Terragno]

Manuscript Title: [Estudio AHORA 6: Angioplastia coronaria con alta HOspitalariaRÁpida en 6 horas]

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

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Date: 4/11/2022

Your Name: Leandro G. Puerta

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta HOspitalariaRÁpida en 6 horas

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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: Pablo Olmedo

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta HOspitalariaRÁpida en 6 horas

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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ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: [María C. Etcheverry]

Manuscript Title: [Estudio AHORA 6: Angioplastia coronaria con alta HOspitalariaRÁpida en 6 horas]

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

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Date: 4/11/2022

Your Name: Sergio D. Brandeburgo

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta HOspitalariaRÁpida en 6 horas

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

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ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: Natacha Ruiz

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta Hospitalaria Rápida en 6 horas

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

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ICMJE DISCLOSURE FORM

Date: 4/11/2022

Your Name: Ignacio Garrido

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta Hospitalaria Rápida en 6 horas

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

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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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Date: 4/11/2022

Your Name: Tomás Valverde

Manuscript Title: Estudio AHORA 6: Angioplastia coronaria con alta Hospitalaria Rápida en 6 horas

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

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