ICMJE DISCLOSURE FORM

Date: 7/6/2022

Your Name: Ingrid Aponte

Manuscript Title: Caracterización clínica, diagnóstica y pronóstica de los pacientescon sospecha de tromboembolismo pulmonar antes y durante la COVID-19

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

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ICMJE DISCLOSURE FORM

Date: 7/6/2022

Your Name: Nicolás Taboada

Manuscript Title: Caracterización clínica, diagnóstica y pronóstica de los pacientes con sospecha de tromboembolismo pulmonar antes y durante la COVID-19

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Date: 7/6/2022

Your Name: Diana M. Fierro

Manuscript Title: Caracterización clínica, diagnóstica y pronóstica de los pacientes con sospecha de tromboembolismo pulmonar antes y durante la COVID-19

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Your Name: Luz A. Veronesi

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Date: 7/6/2022

Your Name: Diana C. Corral

Manuscript Title: Caracterización clínica, diagnóstica y pronóstica de los pacientes con sospecha de tromboembolismo pulmonar antes y durante la COVID-19

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Date: 7/6/2022

Your Name: John Sprockel

Manuscript Title: Caracterización clínica, diagnóstica y pronóstica de los pacientes con sospecha de tromboembolismo pulmonar antes y durante la COVID-19

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</tr>
<tr>
<td>4</td>
<td>Consulting fees</td>
<td>☒ None</td>
</tr>
<tr>
<td>5</td>
<td>Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events</td>
<td>☒ None</td>
</tr>
<tr>
<td>6</td>
<td>Payment for expert testimony</td>
<td>☒ None</td>
</tr>
<tr>
<td>7</td>
<td>Support for attending meetings and/or travel</td>
<td>☒ None</td>
</tr>
<tr>
<td>8</td>
<td>Patents planned, issued or pending</td>
<td>☒ None</td>
</tr>
<tr>
<td>9</td>
<td>Participation on a Data Safety Monitoring Board or Advisory Board</td>
<td>☒ None</td>
</tr>
<tr>
<td>10</td>
<td>Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
<td>Name all entities with whom you have this relationship or indicate none (add rows as needed)</td>
<td>Specifications/Comments (e.g., if payments were made to you or to your institution)</td>
</tr>
<tr>
<td>----</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Stock or stock options</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Receipt of equipment, materials, drugs, medical writing, gifts or other services</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other financial or non-financial interests</td>
<td>☒ None</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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.