Date:			7/7/2022			
Your Name:			Diego M. Lowenstein Haber			
Manuscript Title:			Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?			
Mar	nuscript Number (if k	nown)	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma						
epic		nsion,		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th	•	·	ithout time limit. For all other items, the time		
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None Time frame: past 36 month			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for					

		ame all entities with wh lationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None		
6	Payment for expert testimony	⊠ None		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	•	e following statement to indicate your agreeme	

Date:			7/7/2022			
Your Name:			Rosina Arbucci			
Manuscript Title:			•	Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?		
Mar	nuscript Number (if k	nown	Click or tap here to enter text.			
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epic	lemiology of hyperte	nsion,	vities/interests should be defined broadly. For e you should declare all relationships with manuf ed in the manuscript.	example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time		
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			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
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		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:			7/7/2022			
Your Name:			Pablo Merlo			
Manuscript Title:			Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?			
Mar	nuscript Number (if k	nown	: Click or tap here to enter text.			
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	em #1 below, report and for disclosure is the	•	port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time		
			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs,			
	medical writing, gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	se place an "X" nex	t to the	e following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date:			7/7/2022			
Your Name: Manuscript Title:			Liliana Martínez Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?			
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma						
epic		nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time		
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning of	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ N	one	Click the tab key to add additional rows.		
			Time frame: past 36 months	5		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	lone			
3	Royalties or licenses	⊠ N	one			

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs,			
	medical writing, gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	se place an "X" nex	t to the	e following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date:			7/7/2022				
Your Name:			Natalio Gastaldello	Natalio Gastaldello			
Manuscript Title:			•	Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?			
Mar	nuscript Number (if k	(nown)	: 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.							
epic	lemiology of hyperte	nsion,	vities/interests should be defined broadly. For e you should declare all relationships with manuf ed in the manuscript.	example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item		None Time frame: past 36 months	Click the tab key to add additional rows.			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or		None Time frame: past 36 months None	Click the tab key to add additional rows.			

		ame all entities with wh lationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None		
6	Payment for expert testimony	⊠ None		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	•	e following statement to indicate your agreeme	

Date:			7/7/2022			
Your Name:			Ariel K. Saad			
Manuscript Title:			Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?			
Mai	Manuscript Number (if known): Click or tap here to enter text.					
con affe	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.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily		
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			Time frame: Since the initial planning of	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials,	[⊠] N	one	Click the tab key to add additional rows.		
medical writing, article processing charges, etc.) No time limit for this item.				CHECK THE TAD KEY TO ACK AUGUSTION OF THE TAD KEY AUGUSTIO		
			Time frame: past 36 months			
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	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N	one			

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)
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	
Plea	-	t to the following statement to indicate your agreeme	

Date:			1/1/2022			
Your Name:			Gustavo F. Zambrana			
Manuscript Title:			Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?			
Mar	nuscript Number (if k	nown	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 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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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.		
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		ame all entities with wh lationship or indicate n	nom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None		
6	Payment for expert testimony	⊠ None		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		

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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	
Plea ×	•	e following statement to indicate your agreeme	

Date:			7/7/2022			
Your Name:			Jorge A. Lowenstein			
Manuscript Title:			Reserva contráctil por fracción de eyección sola, o con elastancia.¿Cuál es el mejor predictor de eventos luego de un ecoestrés sinisquemia?			
Mar	nuscript Number (if k	(nown)	Click or tap here to enter text.			
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.		

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7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		

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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	-		e following statement to indicate your agreeme	