

ICMJE DISCLOSURE FORM

Date: 7/7/2022

Your Name: Lucía Kazelian

Manuscript Title: Seguimiento de graduados de la carrera de médico especialista en cardiología de la Universidad de Buenos Aires. Experiencia del Hospital Cosme Argerich

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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Date: 7/7/2022

Your Name: Leandro A. Bono

Manuscript Title: Seguimiento de graduados de la carrera de médico especialista en cardiología de la Universidad de Buenos Aires. Experiencia del Hospital Cosme Argerich

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

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Date: 7/7/2022

Your Name: Mariela E. Tolusso

Manuscript Title: Seguimiento de graduados de la carrera de médico especialista en cardiología de la Universidad de Buenos Aires. Experiencia del Hospital Cosme Argerich

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

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Date: 7/7/2022

Your Name: [Horacio G. Cestari]

Manuscript Title: [Seguimiento de graduados de la carrera de médico especialista en cardiología de la Universidad de Buenos Aires. Experiencia del Hospital Cosme Argerich]

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 7/7/2022

Your Name: Rodrigo I. Blanco

Manuscript Title: Seguimiento de graduados de la carrera de médico especialista en cardiología de la Universidad de Buenos Aires. Experiencia del Hospital Cosme Argerich

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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ICMJE DISCLOSURE FORM

Date: 7/7/2022

Your Name: Juan A. Gagliardi

Manuscript Title: Seguimiento de graduados de la carrera de médico especialista en cardiología de la Universidad de Buenos Aires. Experiencia del Hospital Cosme Argerich

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

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