ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Albert
2. Surname (Last Name)  Siu
3. Date  16-September-2015

4. Are you the corresponding author?  \(\checkmark\) Yes  \(\square\) No

5. Manuscript Title  Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  \(\square\) Yes  \(\checkmark\) No

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Are there any relevant conflicts of interest?  \(\square\) Yes  \(\checkmark\) No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  \(\square\) Yes  \(\checkmark\) No
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Dr. Siu has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kirsten

2. Surname (Last Name)  
   Bibbins-Domingo

3. Date  
   16-September-2015

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author's Name  
   Albert Siu

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Bibbins-Domingo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David
2. Surname (Last Name)  
   Grossman
3. Date  
   16-September-2015

4. Are you the corresponding author?  
   Yes  [ ]  No  [ ]
   Corresponding Author's Name  
   Albert Siu

5. Manuscript Title  
   Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property - Patents & Copyrights

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Grossman
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Dr. Grossman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
Linda Baumann 16-September-2015

4. Are you the corresponding author? □ Yes □ No

Corresponding Author’s Name
Albert Siu

5. Manuscript Title
Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? □ Yes □ No

Section 4. Intellectual Property — Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes □ No

Baumann
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Dr. Baumann has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Karina

2. Surname (Last Name)  
   Davidson

3. Date  
   16-September-2015

4. Are you the corresponding author?  
   Yes [X] No

   Corresponding Author’s Name  
   Albert Siu

5. Manuscript Title  
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Dr. Davidson has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Mark

2. Surname (Last Name) 
   Ebell

3. Date 
   16-September-2015

4. Are you the corresponding author? 
   Yes  ☑ No 
   Corresponding Author’s Name 
   Albert Siu

5. Manuscript Title 
   Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? 
   Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? 
   Yes  ☑ No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
   Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Ebell has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Francisco

2. **Surname (Last Name)**
   - Garcia

3. **Date**
   - 16-September-2015

4. Are you the corresponding author?  □ Yes  ✔ No
   - Corresponding Author's Name
     - Albert Slu

5. **Manuscript Title**
   - Screening for High Blood Pressure in Adults

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  □ Yes  ✔ No

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Are there any relevant conflicts of interest?  □ Yes  ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  □ Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Garcia has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Gillman

3. Date  
   16-September-2015

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Albert Siu

5. Manuscript Title  
   Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (If you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☐ Yes  
☑ No

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☑ No

## Section 4. Intellectual Property – Patents & Copyrights

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Dr. Gillman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jessica

2. Surname (Last Name)  
   Herzstein

3. Date  
   16-September-2015

4. Are you the corresponding author?  
   Yes ☐  No ☑
   Corresponding Author’s Name  
   Albert Siu

5. Manuscript Title  
   Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐  No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Herzstein has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Alex

2. Surname (Last Name)  
   Kemper

3. Date  
   16-September-2015

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Albert Siu

5. Manuscript Title  
   Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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□ Yes  ✔ No

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Dr. Kemper has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alex  
2. Surname (Last Name)  
   Krist  
3. Date  
   16-September-2015  
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
   Corresponding Author’s Name  
   Albert Siu  
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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   ☑ No

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Dr. Krist has nothing to disclose.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ann
2. Surname (Last Name) Kurth
3. Date 16-September-2015
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Albert Slu

5. Manuscript Title
Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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Owens
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Douglas
2. Surname (Last Name) Owens
3. Date 16-September-2015

4. Are you the corresponding author? 
   □ Yes  ✔ No
   Corresponding Author's Name
   Albert Slu

5. Manuscript Title
   Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? 
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Are there any relevant conflicts of interest? 
   □ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Phillips

3. Date  
   17-September-2015

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author's Name  
   Albert Siu

5. Manuscript Title  
   Screening for High Blood Pressure in Adults

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  [x] No
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Dr. Phillips has nothing to disclose.

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Phipps
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maureen</td>
<td>Phipps</td>
<td>16-September-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name: Albert Siu

5. Manuscript Title

Screening for High Blood Pressure in Adults

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Pignone
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
Pignone

3. Date  
   16-September-2015

4. Are you the corresponding author?  
   Yes [x]  No
   Corresponding Author's Name  
   Albert Siu

5. Manuscript Title  
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6. Manuscript Identifying Number (If you know it)

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Are there any relevant conflicts of interest?  
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Dr. Pignone has nothing to disclose.

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