

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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

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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)
Donald

2. Surname (Last Name)
Lloyd-Jones

3. Date
14-April-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Comment on DeFilippis

6. Manuscript Identifying Number (if you know it)
L15-0199

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lloyd-Jones has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Ralph

2. Surname (Last Name)
D'Agostino

3. Date
03-May-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Donald M. Lloyd-Jones

5. Manuscript Title
Comments on paper by DeFilippis et al.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Goff

3. Date
27-May-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title
Comment on DeFilippis

6. Manuscript Identifying Number (if you know it)
L15-0199

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I served as Co-Chair for the 2013 ACC/AHA guideline on the assessment of cardiovascular risk.

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Dr. Goff reports and I served as Co-Chair for the 2013 ACC/AHA guideline on the assessment of cardiovascular risk.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Pencina	3. Date 27-May-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lloyd-Jones
5. Manuscript Title Comment on DeFillipis		
6. Manuscript Identifying Number (if you know it) L15-0199		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Regeneron	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract to Duke

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Pencina reports grants from Regeneron, outside the submitted work; .

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