

#### 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.

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

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Section 1. Ide	entifying Infor	mation	
<ol> <li>Given Name (First Na Cora</li> <li>Are you the correspondence</li> </ol>		2. Surname (Last Name) Lewis ✓ Yes No	3. Date 29-August-2016
5. Manuscript Title Reply to Ortiz and Jar		· · ·	

6. Manuscript Identifying Number (if you know it)

L16-0441

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH	$\checkmark$				paid to institution for SPRINT	

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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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Research grants from Novo Nordisk unrelated to SPRINT or hypertension.

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Dr. Lewis reports grants from NIH, during the conduct of the study; and Research grants from Novo Nordisk unrelated to SPRINT or hypertension..

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Karen	2. Surname (Last Name) Johnson	3. Date 29-August-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Cora Lewis, MD
5. Manuscript Title "Comment on Ortiz"		

## 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

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## Section 6. Disclosure Statement

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Dr. Johnson has nothing to disclose.

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Walter	2. Surname (Last Name) Ambrosius		3. Date 15-October-2015	
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's I Jackson T. Wright, Jr.	Name	
5. Manuscript Title PRINCIPAL RESULTS OF THE SYSTOLIC B	LOOD PRESSURE INTERVE	NTION TRIAL (SPRINT)		
6. Manuscript Identifying Number (if you known New England Journal of Medicine 15-11				
Section 2. The Work Under Co	nsideration for Public	cation		
Did you or your institution <b>at any time</b> receiv any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	. , .	•	or
If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If you hav	e more than one entity p	press the "ADD" button to add a row	w.
Name of Institution/Company	Grant? Personal Nor	n-Financial upport? Other? C	omments	
IH/NHLBI		Fur	nded the study.	_
Section 2				

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Are there any relevant conflicts of interest? Yes

✓ No

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



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Dr. Ambrosius reports grants from NIH/NHLBI, during the conduct of the study; .

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Mahboob	2. Surname (Last Name) Rahman	3. Date 30-August-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name
5. Manuscript Title Response to Ortiz		

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? $\checkmark$	Yes	N
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NIH	$\checkmark$					

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Dr. Rahman reports grants from NIH, during the conduct of the study; .

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1. Given Name (First Name) Kaycee	2. Surname (Last Name) Sink	3. Da 07-N	<sup>ate</sup> lovember-2016
Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Cora Beth Lewis	
Manuscript Title omment on Ortiz			

L16-0441

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NIH	$\checkmark$				SPRINT Study Investigator	

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