

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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

5. Relationships not covered above.

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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)
Stanley

2. Surname (Last Name)
Ip

3. Date
16-May-2013

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Katrin Uhlig, MD

5. Manuscript Title
Self-measured blood pressure monitoring in the management of hypertension: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)
M12-3156

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?	Other?	Comments
Agency for Healthcare Research & Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original review funded by a contract from AHRQ.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

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Dr. Ip reports the original comparative effectiveness review (from which the manuscript was based on) was funded by a contract from the Agency for Healthcare Research & Quality (AHRQ), although AHRQ did not fund the preparation of the manuscript itself.

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Section 1. Identifying Information

1. Given Name (First Name)
GEORGIOS

2. Surname (Last Name)
KITSIOS

3. Date
16-May-2013

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr Uhlig

5. Manuscript Title
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Agency for Healthcare Research & Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No conflicts of interest

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Dr. KITSIOS reports grants from Agency for Healthcare Research & Quality during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Katrin

2. Surname (Last Name)
Uhlig

3. Date
20-May-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
M12-3156

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AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract No HHSA-290-2007-10055-1

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Section 1. Identifying Information

1. Given Name (First Name) Kamal	2. Surname (Last Name) Patel	3. Date 17-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katrin Uhlig
5. Manuscript Title Self-measured blood pressure monitoring in the management of hypertension: A systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) 12-3156		

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Dr. Patel 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)
Ethan

2. Surname (Last Name)
Balk

3. Date
16-May-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Uhlig, Katrin

5. Manuscript Title

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M12-3156

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Dr. Balk has nothing to disclose.

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