

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Daniel | 2. Surname (Last Name) Lackland | 3. Date 31-December-2013 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Jackson Wright |
| 5. Manuscript Title Evidence supporting a systolic blood pressure goal of < 150 mmHg in patients = 60 years: The minority view | | |
| 6. Manuscript Identifying Number (if you know it) M13-2981 | | |

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

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

Dr. Lackland has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Jackson T

2. Surname (Last Name)
Wright Jr

3. Date
31-December-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Evidence supporting a systolic blood pressure goal of < 150 mmHg in patients = 60 years: The minority view.

6. Manuscript Identifying Number (if you know it)
M13-2981

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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 |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| Novartis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Steering Committee for the ACCOMPLISH Trial |
| Sankyo | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pfizer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| CVRx | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chair, Data Safety and Monitoring Board for the RHEOS Pivotal Trial |
| Jackson State University | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Member Observational Safety and Monitoring Board for the Jackson Heart Study |
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------|
| Medtronics | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Renal Denervation Trial |

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Dr. Jackson T Wright Jr reports other from Novartis, personal fees from Sankyo, personal fees from Pfizer, other from CVRx, other from Jackson State University, grants from NIH, grants and personal fees from Medtronics, outside the submitted work; .

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Cheryl | 2. Surname (Last Name) Dennison Himmelfarb | 3. Date 02-January-2014 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Jackson Wright |
| 5. Manuscript Title Evidence supporting a systolic blood pressure goal of < 150 mmHg in patients = 60 years: The minority view | | |
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Dr. Dennison Himmelfarb has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lawrence

2. Surname (Last Name)
Fine

3. Date
03-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Evidence Supporting a Systolic Blood Pressure Goal of Less than 150 mm Hg in Patients Aged 60 or Older: The Minority View

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

2. Surname (Last Name)
Ogedegbe

3. Date
14-January-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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