

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) K.M. Venkat	2. Surname (Last Name) Narayan	3. Date 28-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Cardiovascular Mortality Associated with Five Leading Risk Factors: National and State Preventable Fractions		
6. Manuscript Identifying Number (if you know it) M14-1753		

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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Dr. Narayan 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)
Shivani

2. Surname (Last Name)
Patel

3. Date
28-April-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiovascular Mortality Associated with Five Leading Risk Factors: National and State Preventable Fractions

6. Manuscript Identifying Number (if you know it)
M14-1753

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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

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Dr. Patel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mohammed	2. Surname (Last Name) Ali	3. Date 28-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Cardiovascular Mortality Associated with Five Leading Risk Factors: National and State Preventable Fractions		
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Dr. Ali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Neil	2. Surname (Last Name) Mehta	3. Date 01-October-1974
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title Cardiovascular Mortality Associated with Five Leading Risk Factors: National and State Preventable Fractions		
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Dr. Mehta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Munir	2. Surname (Last Name) Winkel	3. Date 30-April-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Shivani Patel
5. Manuscript Title Cardiovascular Mortality Associated with Five Leading Risk Factors: National and State Preventable Fractions		
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