

## **ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Given Name: or first)	Matthew	Surname: (or last)	Weir	E	ffective Date:	
Are you th	e corresponding auth	nor? X Yes \ \ \ \	lo		Format exam	ple: 07-August-2008
Manuscript T	<b>'itle:</b> In the Clinic Hy	pertension				
Manuscript I	dentifying Number	(if you know it):	N/A			
			N/A he work under c	onsideration 1	or publicati	on.
ction 2. Inf	ormation about	the support of to		or any aspect of t	he submitted w	
ction 2. Inf	ormation about	the support of to	he work under co	or any aspect of t	he submitted w	

#### Section 3. Information about relevant financial relationships 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 any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership						Del×
						Add +
Consultancy				Amgen, Relypsa, Keryx, Sanofi, Novartis, Janssen, BMS, Otsuka, AbbVie, Sandoz		Del ×
						Add +
Employment	$\boxtimes$					Del×
						Add +
Expert testimony						Del ×



## **ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Gifts						Del ×
						Add +
Grants/grants pending						Del×
						Add +
Honoraria						Del ×
						Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)						Del ×
						Add +
Koyalties						Del×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del×
						Add +
Stock/stock options						Del×
						Add +
Travel/accommodations expenses covered or reimbursed						Del×
						Add +
Other (err on the side of full disclosure)						Del×
						Add +



### **ICMJE Uniform Disclosure Form for Potential Conflicts of Interest**

# Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

No other relationships/conditions/circumstances that present potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

#### Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?

☑ No relevant nonfinancial relationships/conditions/circumstances to report.
 ☑ Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Save Form

Weir