

#### **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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# 4. Intellectual Property.

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

# Relationships not covered above.

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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

Townsend 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Raymond		2. Surname (Last Name) Townsend		3. Date 28-July-2015
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Nam Daichi Shimbo	ne
5. Manuscript Title Role of Ambulate		essure Monitoring in Clini	ical Practice: A Narrative Revi	ew
6. Manuscript Ider M15-1270	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ata monitoring board, study desi	nmercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Polovont financial	activities outside the	en busitée et moule	
Place a check in t of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	n the table to indicate wh bed in the instructions. U port relationships that we	ether you have financial rela	tionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyri	ahts	
Do you have any			roadly relevant to the work?	Yes ✓ No

Townsend 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Grant support fro	om NIH and grant support from Fukuda Denshi. Consultant to Medtronic, GlaxoSmith Kline and Janssen
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Townsend re GlaxoSmith Kline	ports and Grant support from NIH and grant support from Fukuda Denshi. Consultant to Medtronic, e and Janssen.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Shimbo 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Daichi	2. Surname (Last Name) Shimbo	3. Date 28-July-2015
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Role of Ambulatory and Home Blood Pressure Monitoring in Clinical Practice: A Narrative Review		
6. Manuscript Identifying Number (if you kr M15-1270	now it)	
Section 2. The Work Under C	onsideration for Publication	
	vive payment or services from a third party (government, congress) government, congress but not limited to grants, data monitoring board, study doest?	
Section 3. Relevant financial	activities outside the submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 r</b>	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrights	
intellectual Propel	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	? Yes Vo

Shimbo 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Shimbo has	nothing to disclose.		

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Falzon 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Louise	2. Surname (Last Name) Falzon	3. Date 28-July-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Daichi Shimbo
5. Manuscript Title Role of Ambulatory and Home Blood P	ressure Monitoring in Clini	cal Practice: A Narrative Review
6. Manuscript Identifying Number (if you k M15-1270	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	ribed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Prope	rty Patents & Copyrig	ghts
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No

Falzon 2



Section 5. Relationships not covered above
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Dr. Falzon has nothing to disclose.

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Abdalla 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Marwah	rst Name)	2. Surname (Last Name) Abdalla	3. Date 29-July-2015
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Daichi Shimbo
5. Manuscript Title "Role of Ambula		Pressure Monitoring in Clir	ical Practice: A Narrative Review"
6. Manuscript Ide	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, do	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Abdalla 2



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Relationships not covered above
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Dr. Abdalla has nothing to disclose.

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Muntner 1



Section 1. Identifying Information			
Given Name (First Name)  Paul	2. Surname (Last Name) Muntner	3. Date 20-August-2015	
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Dr. Daichi Shimbo	
5. Manuscript Title Role of Ambulatory and Home Blo	ood Pressure Monitoring in Clini	cal Practice: A Narrative Review	
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Name of Entity	Grant? Personal Not	n-Financial Other? Comments	
Amgen Inc.		I receive research support from Amgen Inc. for work unrelated to the submitted manuscript.	
Amgen Inc.		I have served on an advisory board for Amgen unrelated to the	

Muntner 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
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