

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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) Mary	2. Surname (Last Name) Brophy	3. Date 20-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank Lederle
5. Manuscript Title Chlorthalidone verses hydrochlorothiazide: a new kind of VA Cooperative Study		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Brophy has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Cushman

3. Date
12-July-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Frank A. Lederle, MD

5. Manuscript Title
Chlorthalidone versus hydrochlorothiazide: a new kind of VA Cooperative Study

6. Manuscript Identifying Number (if you know it)
M16-1208

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

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
Veterans Affairs Cooperative Studies Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	travel expenses for planning meetings

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	institutional grant related to TECOS diabetes outcome study; ended 12/2014.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eli Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small institutional grant related to participation as a National Leader and member of Steering Committee in REWIND diabetes CV outcome trial

Section 4. Intellectual Property -- Patents & Copyrights

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Uncompensated member of Steering Committee for Takeda-sponsored EXAMINE diabetes CV outcome trial. I also provide uncompensated consulting to Takeda related to hypertension clinical trials.

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Dr. Cushman reports other from Veterans Affairs Cooperative Studies Program, during the conduct of the study; grants from Merck, grants from Eli Lilly, outside the submitted work; and Uncompensated member of Steering Committee for Takeda-sponsored EXAMINE diabetes CV outcome trial. I also provide uncompensated consulting to Takeda related to hypertension clinical trials..

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1. Given Name (First Name)
RYAN

2. Surname (Last Name)
FERGUSON

3. Date
12-July-2016

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

5. Manuscript Title
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US Department of Veterans Affairs, Cooperative Studies Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am an employee of the US Department of Veterans Affairs

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Dr. FERGUSON reports grants and non-financial support from US Department of Veterans Affairs, Cooperative Studies Program, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Louis	2. Surname (Last Name) Fiore	3. Date 19-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Frank Lederle
5. Manuscript Title Chlorthalidone versus hydrochlorothiazide: a new kind of VA Cooperative Study		
6. Manuscript Identifying Number (if you know it) M16 - 1208		

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Frank

2. Surname (Last Name)
Lederle

3. Date
12-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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