

#### **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.

## Identifying information.

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

Brown 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jenifer	2. Surname (Last Name) Brown	3. Date 03-August	-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Anand Vaidya, MD MMSc	
5. Manuscript Title The Spectrum of Subclinical Primary Alo	dosteronism and Incident	Hypertension: A Cohort Study.	
6. Manuscript Identifying Number (if you kr Annals of Internal Medicine, M17-0882	now it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	ibed in the instructions. Use port relationships that we	se one line for each entity; add as many	lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan			✓ No

Brown 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Brown has nothing to disclose.

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Brown 3



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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Allison 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Matthew	rst Name)	2. Surname (Last Name) Allison		3. Date 03-August-2017		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Autho	r's Name		
5. Manuscript Title The Spectrum of		dosteronism and Incider	nt Hypertension: A Coho	rt Study		
6. Manuscript Ider 0882	ntifying Number (if you kn	now it)				
Section 2.						
		onsideration for Pub		nt commercial private foundation atc.) for		
	Did you or your institution <b>at any time</b> 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.)?					
•	evant conflicts of intere					
	out the appropriate info be removed by pressing		ave more than one entit	y press the "ADD" button to add a row.		
Name of Institut			on-Financial Other?	Comments		
NIH		<b>✓</b>				
Section 3.	Relevant financial	activities outside the	submitted work.			
of compensation clicking the "Add	the appropriate boxes in with entities as descri	n the table to indicate with the table to indicate with the instructions. port relationships that w	whether you have financi Use one line for each en rere <b>present during the</b>	ial relationships (regardless of amount tity; add as many lines as you need by <b>36 months prior to publication</b> .		
Sortion 4						
Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any	patents, whether plans	ned, pending or issued,	broadly relevant to the v	work? Yes No		

Allison 2



Section 5.	
Jeduon J.	Relationships not covered above
	ntionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?
Yes, the following	ng relationships/conditions/circumstances are present (explain below):
✓ No other relatio	onships/conditions/circumstances that present a potential conflict of interest
	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements als may ask authors to disclose further information about reported relationships.
Section 6.	
D	Pisclosure Statement
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None	

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Vaidya 1



Section 1. Identifying Inform	ation				
Given Name (First Name)     Anand	2. Surname (Last Name Vaidya	<b>∍</b> )		3. Date 03-August-2017	
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title The Spectrum of Subclinical Primary Alc	losteronism and Incide	ent Hypertensio	n: A Cohort	Study	
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Section 2. The Work Under Co	onsideration for Pu	blication			
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants est? Yes Normation below. If you	s, data monitoring	board, study	y design, manuscript preparation,	
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
National Institutes of Health	<b>✓</b>		Re	esearch Grants	
Ooris Duke Charitable Foundation	<b>✓</b>		Re	esearch Grant	
Section 3. Relevant financial a	activities outside th	ne submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should repare there any relevant conflicts of interest lf yes, please fill out the appropriate info	bed in the instructions port relationships that we est?	s. Use one line fo were <b>present d</b>	r each entit	ty; add as many lines as you need b	
Name of Entity	Grant? Personal Fees?	Non-Financial Support	Other?	Comments	
The Endocrine Society				ontinuing Medical Education	

Vaidya 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 Volume						
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Dr. Vaidya reports grants from National Institutes of Health, grants from Doris Duke Charitable Foundation, during the conduct of the study; personal fees from The Endocrine Society, outside the submitted work; .						

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lx 1



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1. Given Name (Fi Joachim	rst Name)	2. Surname (Last Name)		3. Date 07-August-2017
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any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	data monitoring board, stu	ent, commercial, private foundation, etc.) for add a row.
Name of Institut	ion/Company	Grant? Personal N	on-Financial Other?	Comments
NIDDK		<b>✓</b>		
Continue 2				
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of compensation clicking the "Add Are there any rel	) with entities as descri   +" box. You should rep evant conflicts of intere	bed in the instructions.  port relationships that west? Yes V	Use one line for each en vere <b>present during the</b>	ial relationships (regardless of amount tity; add as many lines as you need by • <b>36 months prior to publication</b> .
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lx 2



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		n a third party (government, commercial, private foundation, e ata monitoring board, study design, manuscript preparation,	etc.) for			
Are there any relevant conflicts of interest?  Ves  No						
If yes, please fill out the appropriate inf Excess rows can be removed by pressing	-	ve more than one entity press the "ADD" button to add a	a row.			
Name of Institution/Company	Grant	n-Financial Other? Comments				
NHLBI	<b>✓</b>					
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Name of Entity	Grant'	n-Financial Other? Comments				
NIDDK	<b>✓</b>					
American Diabetes Association	✓					
DRF	<b>✓</b>					



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
MedTronic			<b>√</b>		Equipment for research	
Abbott			$\checkmark$		Supplies for research	
Boehringer-Ingelheim		<b>✓</b>			Consultation	
Ironwood		<b>✓</b>			Consultation	
Do you have any patents, whether plant				nt to the	work? ☐ Yes 🗸 No	
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Dr. de Boer reports grants from NHLBI, of Association, grants from JDRF, non-final from Boehringer-Ingelheim, personal fe	ncial supp	ort from M	ledTronic, non-fin	nancial su	pport from Abbott, personal fees	es



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earning royalties or not

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

patent

Baudrand 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Rene	rst Name)	2. Surname (Last Name) Baudrand	3. Date 10-August-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Anan Vaidya
5. Manuscript Title The spectrum of		osteronism and incident h	nypertension: A cohort study
6. Manuscript Ider M17-0882	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	) with entities as descri	bed 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 se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Baudrand 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Baudrand 3



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Robinson-Cohen 1



Section 1. Identifying Inform	nation				
Given Name (First Name)  Cassianne	2. Surname (Last Name) Robinson-Cohen	3. Date 10-August-2017			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Anand Vaidya			
5. Manuscript Title The Spectrum of Subclinical Primary Al	dosteronism and Incident	Hypertension: A Cohort Study			
6. Manuscript Identifying Number (if you k M17-0882	now it)				
Section 2. The Work Under C	Consideration for Public	cation			
Did you or your institution <b>at any time</b> 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					
Section 3. Relevant financial	activities outside the s	submitted work.			
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Section 4. Intellectual Prope	rty Patents & Copyrig	ghts			
Do you have any patents, whether plan					

Robinson-Cohen 2



Section 5. Polationships not severed above			
Relationships not covered above			
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Section 6. Disclosure Statement			
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Robinson-Cohen 3



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Kestenbaum 1



Section 1. Identifying Inform	mation				
1. Given Name (First Name) Bryan	2. Surname (Last Name) Kestenbaum	3. Date 10-August-2017			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Anand Vaidya			
5. Manuscript Title "The Spectrum of Subclinical Primary <i>F</i>	Aldosteronism and Incident	t Hypertension: A Cohort Study"			
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Kestenbaum 2



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Sortion 6				
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Luque-Fernandez 1



Section 1. Identifying Inform	nation				
Given Name (First Name)     Miguel Angel	2. Surname (Last Name) Luque-Fernandez	3. Date 10-August-2017			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr Annad Vaidya			
5. Manuscript Title The Spectrum of Subclinical Primary Al	dosteronism and Incident	Hypertension: A Cohort Study.			
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Luque-Fernandez 2



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