

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.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

Byrd 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) James	2. Surname (Last Name) Byrd	3. Date 03-October-2018
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Robert D. Brook
5. Manuscript Title In The Clinic: Hypertension		
6. Manuscript Identifying Number (if you kn	ow it)	
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
	ormation below. If you hav	re more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other? Comments
NIH (NHLBI)	/	K23HL128909
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) 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 re present during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyric	yhts
Do you have any patents, whether plans If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation below. If you hav	oadly relevant to the work? Yes No e more than one entity press the "ADD" button to add a row.

Byrd 2



Patent?	ı	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
US15611427		/				N/A	Pending patent related to diagnosing primary aldosteronism, a type of secondary hypertension	
Section 5. Pola	tionshin	s not cove	ared abo	ove				
	ships or a	ctivities tha	it readers	could perc	eive to have	influenced, or th	at give the appearance of	
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 manuscri On occasion, journals m							odate their disclosure statem ships.	ients.
Section 6. Discl	osure St	atement						
Based on the above disc below.	closures, t	his form wi	ll automa	atically gene	erate a disclo	osure statement,	which will appear in the box	
Dr. Byrd reports grants pending to N/A.	from NIH	(NHLBI), du	uring the	conduct of	the study; II	n addition, Dr. By	rd has a patent US15611427	

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Robert 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Brook	, , ,	2. Surname (Last Name) Robert			3. Date 02-October-2018	
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title In the Clinic: Hyp						
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under C	onsideration for	Publication			
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to gra			mercial, private foundation, etc.) for gn, manuscript preparation,	
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Section 3.			al 1 50 1 1			
	Relevant financial	activities outside	the submitted wor	'K.		
of compensation clicking the "Add) with entities as descr	ibed in the instruction in the i	ons. Use one line for eac	ch entity; add	onships (regardless of amount d as many lines as you need by nths prior to publication.	
Are there any ler	evant commets of men	est:	110			
	l					
Section 4.	Intellectual Prope	rty Patents & Co	opyrights			
Do you have any	patents, whether plan	ned, pending or issu	ued, broadly relevant to	o the work?	Yes 🗸 No	

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Section 5.	
	Relationships not covered above
	relationships 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 follo	wing 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.
Continue	
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. Robert has n	othing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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