

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Irbaz Bin

2. Surname (Last Name)

Riaz

3. Date

22-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

EFFECTS OF NUTRITIONAL SUPPLEMENTS AND 1 DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)

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No

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Dr. Riaz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Muhammad	2. Surname (Last Name) Khan	3. Date 22-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Safi U Khan
5. Manuscript Title EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP		
6. Manuscript Identifying Number (if you know it)		

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Dr. Khan has nothing to disclose.

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1. Given Name (First Name)  
Victor

2. Surname (Last Name)  
Okunrintemi

3. Date  
22-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Erin D. Michos

5. Manuscript Title  
EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)  
M19-0341

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### Section 1. Identifying Information

1. Given Name (First Name)  
Eliseo

2. Surname (Last Name)  
Guallar

3. Date  
22-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)

M19-0341

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Edo

2. Surname (Last Name)  
Kaluski

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No Conflict of interest to disclose

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

#### 5. Relationships not covered above.

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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)  
Haris

2. Surname (Last Name)  
Riaz

3. Date  
23-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title  
EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: A SYSTEMATIC APPRAISAL AND EVIDENCE MAP.

6. Manuscript Identifying Number (if you know it)

### 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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Riaz 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) Muhammad Shahzeb	2. Surname (Last Name) Khan	3. Date 22-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Safi U Khan
5. Manuscript Title EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

M. Hassan

2. Surname (Last Name)

Murad

3. Date

22-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Murad has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Erin

2. Surname (Last Name)  
Michos

3. Date  
22-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Safi Kan

5. Manuscript Title  
EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP"

6. Manuscript Identifying Number (if you know it)  
M19-0341

### 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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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Michos 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)  
Safi

2. Surname (Last Name)  
Khan

3. Date  
23-April-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)  
M19-0341

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Khan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Shahul

2. Surname (Last Name)

Valavoor

3. Date

25-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)

M19-0341

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Are there any relevant conflicts of interest?

 Yes No

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Are there any relevant conflicts of interest?

 Yes No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

 Yes No



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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Valavoor 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)  
Lauren

2. Surname (Last Name)  
Vaughan

3. Date  
25-April-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Erin D. Michos

5. Manuscript Title  
EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)  
M19-0341

### 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

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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None

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael

2. Surname (Last Name) Blaha

3. Date 29-April-2019

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
EFFECTS OF NUTRITIONAL SUPPLEMENTS AND DIETARY INTERVENTIONS ON CARDIOVASCULAR OUTCOMES: AN UMBRELLA REVIEW AND EVIDENCE MAP

6. Manuscript Identifying Number (if you know it)  
M19-0341

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FDA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AHA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amgen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aetna Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novo Nordisk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Blaha reports grants from NHLBI, grants and personal fees from FDA, grants from AHA, grants and personal fees from Amgen, grants from Aetna Foundation, personal fees from Sanofi, personal fees from Novartis, personal fees from Novo Nordisk, personal fees from Bayer, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Di	2. Surname (Last Name) Zhao	3. Date 29-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Safi U. Khan
5. Manuscript Title Effects of nutritional supplements and dietary interventions on cardiovascular outcomes: an umbrella review and evidence map		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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