

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. 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.

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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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ronald

2. Surname (Last Name)
Wapner

3. Date
25-June-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Natalie Bello

5. Manuscript Title
Columbia Precision Medicine Case Series: A Personalized Approach to Cardiovascular Risk Assessment in Women

6. Manuscript Identifying Number (if you know it)
M19-1601

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
NCATS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UL1TR001873

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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Dr. Wapner reports grants from NCATS , during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Natalie

2. Surname (Last Name)
Bello

3. Date
27-June-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Columbia Precision Medicine Case Series: A Personalized Approach to Cardiovascular Risk Assessment in Women

6. Manuscript Identifying Number (if you know it)
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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
American Heart Association	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel costs to conferences were paid, the AHA had no control over the content of my talks and there is no overlap between this travel and the submitted work

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. Bello reports non-financial support from American Heart Association, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Eliza

2. Surname (Last Name)
Miller

3. Date
23-July-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Natalie Bello

5. Manuscript Title
Cases in Precision Medicine: A Personalized Approach to Stroke and Cardiovascular Risk Assessment in Women

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health National Center for Advancing Translational Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5KL2TR001874
NIH/National Institute for Neurological Disorders and Stroke	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K23NS107645
Louis V. Gerstner, Jr. Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Personal compensation for medicolegal consulting related to maternal stroke

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Dr. Miller reports grants from National Institutes of Health National Center for Advancing Translational Sciences, grants from NIH/National Institute for Neurological Disorders and Stroke, grants from Louis V. Gerstner, Jr. Foundation, during the conduct of the study; and Personal compensation for medicolegal consulting related to maternal stroke.

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Section 1. Identifying Information

1. Given Name (First Name)
kirsten
2. Surname (Last Name)
lawrence cleary
3. Date
27-August-2019
4. Are you the corresponding author? Yes No Corresponding Author's Name _____
5. Manuscript Title
Cases in Precision Medicine: A Personalized Approach to Stroke and Cardiovascular Risk Assessment in Women
6. Manuscript Identifying Number (if you know it)

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Dr. Lawrence Cleary has nothing to disclose.

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