

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katherine

2. Surname (Last Name)
Mackey

3. Date
11-May-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Risks and impact of ACE inhibitors or angiotensin receptor blockers on SARS-CoV-2 infection in adults: A living systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Mackey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Payten

2. Surname (Last Name)
Sonnen

3. Date
11-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risks and impact of ACE inhibitors or angiotensin receptor blockers on SARS CoV-2 infection in adults: A living systematic review

6. Manuscript Identifying Number (if you know it)

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No conflict of interest to declare.

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Section 1. Identifying Information

1. Given Name (First Name)
Devan

2. Surname (Last Name)
Kansagara

3. Date
14-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risks and impact of ACE inhibitors or angiotensin receptor blockers on SARS-CoV-2 infection in adults: A living systematic review

6. Manuscript Identifying Number (if you know it)
M20-1515

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Dr. Kansagara has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Kiefer

3. Date
14-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)
Kathryn

2. Surname (Last Name)
Vela

3. Date
11-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Devan Kansagara

5. Manuscript Title
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Susan

2. Surname (Last Name)
Gurley

3. Date
11-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Devan Kansagara

5. Manuscript Title
Risks and impact of ACE inhibitors or angiotensin receptor blockers on SARS-CoV-2 infection in adults: A living systematic review

6. Manuscript Identifying Number (if you know it)
M20-1515

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Section 1. Identifying Information

1. Given Name (First Name) Valerie	2. Surname (Last Name) King	3. Date 11-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Devan Kansagra
5. Manuscript Title Risks and impact of ACE inhibitors or angiotensin receptor blockers on SARS-CoV-2 infection in adults: A living systematic review		
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Center for Evidence-based Policy, Oregon Health & Science University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Salary support for usual employment for research time used to prepare this manuscript.

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Dr. King reports routine salary support from The Center for Evidence-based Policy, Oregon Health & Science University, during the conduct of the study.

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1. Given Name (First Name)
Erik

2. Surname (Last Name)
Liederbauer

3. Date
13-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Devan Kansagara

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