

#### **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 has five parts.

## 1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

## 2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to 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. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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#### 5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



| Section 1. Ide         | entify   | ing Inform      | ation.                                   |               |                    |                           |                     |
|------------------------|----------|-----------------|--|---------------|--------------------|---------------------------|---------------------|
| Given Name: (or first) | Kiang    | 9               | Surname:<br>(or last)                    | Liu           |                    | Effective Date:           | 12-May-2010         |
| ,                      | le corre | esponding aut   |  | No            |                    | Format exam               | ple: 07-August-2008 |
| Correspondin           | ng autl  | hor's name:     | Mark Pletcher                            |               |                    |                           |                     |
| Manuscript T           |          |                 | Lipids Commonly Preservelopment In young |               |                    | ary Calcium Later in Life | e: The Coronary     |
| Manuscript Io          | dentif   | ying Numbe      | er (if you know it):                     | M10-0248      |                    |                           |                     |
| Section 2. Inf         | orma     | ition about     | the support of t                         | he work ur    | nder considera     | tion for publication      | on.                 |
| Did you or you         | ır insti | tution at any t |  | or support in | kind for any aspe  | ect of the submitted w    |                     |
| ☐ No                   |          |                 |  |               |                    |                           |                     |
| ⊠ Yes, sp              | ecify n  | nature of com   | pensation                                |               |                    |                           |                     |
| If you have more       | than o   | one relationsh  | nip, click "Add +" to                    | add a row. C  | lick "Del ×" to de | lete an extra row.        |                     |
|                        |          |                 |  |               |                    |                           |                     |

| Туре   | Money Paid<br>to You* |             | Money to<br>Your<br>Institution |             | Name of Entity               | Comments** |       |
|--|-----------------------|-------------|---------------------------------|-------------|------------------------------|------------|-------|
|  | No                    | Yes         | No                              | Yes         |                              |            |       |
| Grant  |                       | $\boxtimes$ |                                 | $\boxtimes$ | National Institues of Health | Contract   | Del > |
|  | '                     |             |                                 | '           |                              |            | Add - |
| Consulting fee or honorarium   |                       |             | $\boxtimes$                     |             |                              |            | Del > |
|  | '                     | •           |                                 | '           |                              |            | Add - |
| Support for travel to meetings for the study or otherwise  |                       |             | $\boxtimes$                     |             |                              |            | Del > |
|  | •                     |             |                                 | '           |                              |            | Add - |
| Fees for participation in<br>review activities such as data<br>monitoring boards, statistical<br>analysis, end point<br>committees, and the like | $\boxtimes$           |             | $\boxtimes$                     |             |                              |            | Del > |
|  | •                     |             |                                 | •           |                              |            | Add - |
| Payment for writing or reviewing the manuscript  |                       |             | $\boxtimes$                     |             |                              |            | Del > |



| Туре  | Money<br>to Y | y Paid<br>′ou* | Yo          | ey to<br>our<br>oution | Name of Entity | Comments** |       |
|---|---------------|----------------|-------------|------------------------|----------------|------------|-------|
|   |               |                |             |                        |                |            | Add + |
| Support in kind such as writing, provision of medicines or equipment, or administrative support | $\boxtimes$   |                |             |                        |                |            | Del × |
|   | •             |                |             |                        |                |            | Add + |
| Other   | $\boxtimes$   |                | $\boxtimes$ |                        |                |            | Del × |
|   |               |                |             |                        |                |            | Add + |

## Section 3. Information about relevant financial relationships outside the submitted work.

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If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

| Type of Relationship (in alphabetical order) | No          | Money<br>Paid to<br>You | Money to<br>Your<br>institution | Entity | Comments |       |
|--|-------------|-------------------------|---------------------------------|--------|----------|-------|
| Board membership                             | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Consultancy                                  | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Employment                                   | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Expert testimony                             | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Gifts  | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Grants/grants pending                        | $\boxtimes$ |                         |                                 |        |          | Del × |

<sup>\*\*</sup>Use this section to provide any needed explanation



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|---|-------------|-------------------------|---------------------------------|--------|----------|-------|
|   |             |                         |                                 |        |          | Add + |
| Honoraria   | $\boxtimes$ |                         |                                 |        |          | Del × |
| -   |             |                         |                                 |        |          | Add + |
| Payment for manuscript preparation  | $\boxtimes$ |                         |                                 |        |          | Del×  |
|   |             |                         |                                 |        |          | Add + |
| Patents (planned, pending or issued)  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Royalties   | $\boxtimes$ |                         |                                 |        |          | Del × |
| -1  |             |                         |                                 |        |          | Add + |
| Payment for development of educational presentations including service on speakers' bureaus | $\boxtimes$ |                         |                                 |        |          | Del×  |
|   |             |                         |                                 |        |          | Add + |
| Stock/stock options   | $\boxtimes$ |                         |                                 |        |          | Del × |
| l   |             |                         |                                 |        |          | Add + |
| Travel/accommodations expenses covered or reimbursed  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Other (err on the side of full disclosure)  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             | •                       | •                               |        |          | Add + |
|   |             |                         |                                 |        |          | _     |

# Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

| Do your children or you | ur spouse or partner | have financia | l relationships | with entities | that have an | interest in the | e content of the | he |
|-------------------------|----------------------|---------------|-----------------|---------------|--------------|-----------------|------------------|----|
| submitted work?         |                      |               |                 |               |              |                 |                  |    |

| $\boxtimes$ No | other | relation | nships/ | conditions/ | circumst | ances | that | present | potential | conflict | of interes | es |
|----------------|-------|----------|---------|-------------|----------|-------|------|---------|-----------|----------|------------|----|
|                |       |          |         |             |          |       |      |         |           |          |            |    |

Yes, the following relationships/conditions/circumstances are present (explain below):



#### Section 5. Information about relevant nonfinancial associations.

| Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) |
|---|
| that a reasonable reader would want to know about in relation to the submitted work?  |
| No relevant nonfinancial relationships/conditions/circumstances to report.  |
| Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):                            |
|   |

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| Given Name: (or first) |                          | Surname:<br>(or last) | Vittinghoff                                     |              |                         | <u> </u>            |
|------------------------|--------------------------|-----------------------|---|--------------|-------------------------|---------------------|
| Are you the corr       | responding author?       | Yes 🛛 N               | No  |              | Format examp            | ole: 07-August-2008 |
| Corresponding au       | thor's name: Mark        | J. Pletcher, MD       |   |              |                         |                     |
|                        |                          |                       |   |              |                         |                     |
| Manuscript Title:      |                          |                       | sent in Young Adults a<br>Adults (CARDIA) Study |              | y Calcium Later in Life | e: The Coronary     |
| Manuscript Identi      | fying Number (if yo      | ou know it):          | M10-0248  |              |                         |                     |
|                        |                          |                       |   |              |                         |                     |
| Section 2. Informa     | ation about the s        | support of t          | he work under co                                | nsiderati    | ion for publication     | on.                 |
| Did you or your inst   | citution at any time re- | ceive payment         | or support in kind fo                           | r any aspect | t of the submitted we   |                     |
| ☐ No                   |                          |                       |   |              |                         |                     |
| Yes, specify           | nature of compensati     | ion                   |   |              |                         |                     |

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

| Туре   | Type Money Paid to You* |             | Yo | ey to<br>our<br>oution | Name of Entity | Comments**   |       |
|--|-------------------------|-------------|----|------------------------|----------------|--|-------|
|  | No                      | Yes         | No | Yes                    |                |  |       |
| Grant  |                         | $\boxtimes$ |    | $\boxtimes$            | NIH            | I received salary support for statistical analysis and writing | Del × |
|  |                         |             |    |                        |                |  | Add + |
| Consulting fee or<br>honorarium  |                         |             |    |                        |                |  | Del × |
|  |                         |             |    |                        |                |  | Add + |
| Support for travel to meetings for the study or otherwise  |                         |             |    |                        |                |  | Del × |
|  |                         |             |    |                        |                | -  | Add + |
| Fees for participation in<br>review activities such as data<br>monitoring boards, statistical<br>analysis, end point<br>committees, and the like |                         |             |    |                        |                |  | Del × |
|  | !                       | !           |    | !                      |                | ·  | Add + |



| Туре  |             | y Paid<br>′ou* | Yo          | ey to<br>our<br>oution | Name of Entity | Comments** |       |
|---|-------------|----------------|-------------|------------------------|----------------|------------|-------|
| Payment for writing or reviewing the manuscript   | $\boxtimes$ |                | $\boxtimes$ |                        |                |            | Del × |
|   | •           |                |             | •                      |                |            | Add + |
| Support in kind such as writing, provision of medicines or equipment, or administrative support |             |                | $\boxtimes$ |                        |                |            | Del × |
|   | •           |                |             | •                      |                |            | Add + |
| Other   | $\boxtimes$ |                | $\boxtimes$ |                        |                |            | Del × |
|   |             |                |             |                        |                |            | Add + |

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|--|-------------|-------------------------|---------------------------------|--------|----------|-------|
| Board membership                             | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Consultancy                                  | $\boxtimes$ |                         |                                 |        |          | Del×  |
|  |             |                         |                                 |        |          | Add + |
| Employment                                   | $\boxtimes$ |                         |                                 |        |          | Del×  |
|  |             |                         |                                 |        |          | Add + |
| Expert testimony                             | $\boxtimes$ |                         |                                 |        |          | Del×  |
|  |             |                         |                                 |        |          | Add + |
| Gifts  | $\boxtimes$ |                         |                                 |        |          | Del×  |

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|---|-------------|-------------------------|---------------------------------|--------|----------|-------|
|   |             |                         |                                 |        |          | Add + |
| Grants/grants pending   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Honoraria   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         | ,                               |        |          | Add + |
| Payment for manuscript preparation  |             |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Patents (planned, pending or issued)  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Royalties   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Payment for development of educational presentations including service on speakers' bureaus | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Stock/stock options   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Travel/accommodations expenses covered or reimbursed  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Other (err on the side of full disclosure)  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |

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Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

| $\boxtimes$ No other relationships/conditions/circumstances that present potential conflict of interest of the conflict of interest of the conflict o | est |
|---|-----|
| Yes, the following relationships/conditions/circumstances are present (explain below):  |     |



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|                        | , ,  |                       |                    |                |                         |                       |
|------------------------|--|-----------------------|--------------------|----------------|-------------------------|-----------------------|
| Given Name: (or first) | Stephen  | Surname:<br>(or last) | Sidney             |                | Effective Date:         | 12-May-2010           |
| Are you the            | e corresponding author? [                                | Yes N                 | lo                 |                | Format examp            | ple: 07-August-2008   |
| Manuscript T           | itle: Non-Optimal Lipids                                 | Commonly Pres         | sent in Young Adul | ts and Coronar | y Calcium Later in Life | 2                     |
| Manuscript Io          | dentifying Number (if y                                  | ou know it): [        | M10-0248           |                |                         |                       |
| Section 2. Info        | ormation about the                                       | support of t          | he work under      | considerat     | ion for publication     | on.                   |
|                        | er institution at any time rests, data monitoring board, |                       | ~ ~                |                |                         | ork (including but no |
| ☐ No                   |  |                       |                    |                |                         |                       |
| Yes, sp                | ecify nature of compensat                                | tion                  |                    |                |                         |                       |

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

| Туре   | Money Paid<br>to You* |     | Money to<br>Your<br>Institution |     | Name of Entity                             | Comments** |       |
|--|-----------------------|-----|---------------------------------|-----|--|------------|-------|
|  | No                    | Yes | No                              | Yes |  |            |       |
| Grant  |                       |     |                                 |     | National Heart Lung and<br>Blood Institute |            | Del × |
|  |                       | ,   |                                 |     |  |            | Add + |
| Consulting fee or honorarium   |                       |     |                                 |     |  |            | Del × |
|  |                       | I . |                                 |     |  |            | Add + |
| Support for travel to meetings for the study or otherwise  |                       |     |                                 |     |  |            | Del × |
|  | !                     |     |                                 | !   |  |            | Add + |
| Fees for participation in<br>review activities such as data<br>monitoring boards, statistical<br>analysis, end point<br>committees, and the like |                       |     |                                 |     |  |            | Del×  |
|  |                       |     |                                 | •   |  |            | Add + |
| Payment for writing or reviewing the manuscript  |                       |     |                                 |     |  |            | Del × |
|  | 1                     |     | 1                               | 1   | 1  |            | Add + |



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|---|-------------|-----------------------|--|------------------------|----------------|------------|-------|
| Support in kind such as writing, provision of medicines or equipment, or administrative support | $\boxtimes$ |                       |  |                        |                |            | Del × |
|   |             |                       |  |                        |                |            | Add + |
| Other   | $\boxtimes$ |                       |  |                        |                |            | Del × |
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| Type of Relationship (in alphabetical order) | No          | Money<br>Paid to<br>You | Money to<br>Your<br>institution | Entity | Comments |       |
|--|-------------|-------------------------|---------------------------------|--------|----------|-------|
| Board membership                             | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Consultancy                                  | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Employment                                   | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Expert testimony                             | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             | ,                       |                                 |        |          | Add + |
| Gifts  | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Grants/grants pending                        | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |

<sup>\*\*</sup>Use this section to provide any needed explanation



| Type of Relationship (in alphabetical order)  | No          | Money<br>Paid to<br>You | Money to<br>Your<br>institution | Entity | Comments |       |
|---|-------------|-------------------------|---------------------------------|--------|----------|-------|
| Honoraria   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Payment for manuscript preparation  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Patents (planned, pending or issued)  | $\boxtimes$ |                         |                                 |        |          | Del×  |
|   |             |                         |                                 |        |          | Add + |
| Royalties   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Payment for development of educational presentations including service on speakers' bureaus | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Stock/stock options   | $\boxtimes$ |                         |                                 |        |          | Del×  |
|   |             |                         |                                 |        |          | Add + |
| Travel/accommodations expenses covered or reimbursed  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Other (err on the side of full disclosure)  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |

# Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

| $\boxtimes$ | No o | ther rela | tionships/co  | ondition | s/circums | tances th | at present | t potentia | l conflict | of inte | rest |
|-------------|------|-----------|---------------|----------|-----------|-----------|------------|------------|------------|---------|------|
|             | Yes, | the follo | wing relation | nships/c | onditions | /circums  | tances are | present    | (explain b | pelow): |      |



#### Section 5. Information about relevant nonfinancial associations.

| Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) |
|---|
| that a reasonable reader would want to know about in relation to the submitted work?  |
| No relevant nonfinancial relationships/conditions/circumstances to report.  |
| Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):                            |
|   |

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.

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#### **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 has five parts.

## 1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

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Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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|                        |   | _                     |  |            |                       |                       |
|------------------------|---|-----------------------|--|------------|-----------------------|-----------------------|
| Given Name: (or first) | rk  | Surname:<br>(or last) | Pletcher                                     |            | Effective Date:       | 14-May-2010           |
| ` /                    | responding author? [                            | ] ` ′                 | l  |            | Format examp          | ple: 07-August-2008   |
| Manuscript Title:      |   |                       | sent in Young Adults<br>Adults (CARDIA) Stud |            | Calcium Later in Life | e: The Coronary       |
| Manuscript Identi      | ifying Number (if y                             | ou know it):          | M10-0248                                     |            |                       |                       |
| Section 2. Inform      | ation about the                                 | support of t          | he work under c                              | onsiderati | on for publicatio     | on.                   |
|                        | titution at any time re<br>ta monitoring board, |                       | * *  |            |                       | ork (including but no |
| ☐ No                   |   |                       |  |            |                       |                       |
| X Yes, specify         | nature of compensat                             | tion                  |  |            |                       |                       |

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

| Туре   | Money Paid<br>to You* |     | Money to<br>Your<br>Institution |     | Name of Entity  | Comments**   |       |
|--|-----------------------|-----|---------------------------------|-----|---|--|-------|
|  | No                    | Yes | No                              | Yes |   |  |       |
| Grant  |                       |     |                                 |     | NHLBI (through subcontract<br>from Kaiser Permanente<br>Division of Research) | Support for analysis and publication activities for CARDIA | Del × |
|  |                       |     |                                 |     |   |  | Add + |
| Consulting fee or honorarium   |                       |     | $\boxtimes$                     |     |   |  | Del × |
|  |                       |     |                                 |     |   |  | Add + |
| Support for travel to meetings for the study or otherwise  |                       |     |                                 |     |   |  | Del × |
|  |                       |     |                                 |     |   |  | Add + |
| Fees for participation in<br>review activities such as data<br>monitoring boards, statistical<br>analysis, end point<br>committees, and the like | $\boxtimes$           |     |                                 |     |   |  | Del × |
|  | •                     | •   |                                 | •   |   | •  | Add + |
| Payment for writing or reviewing the manuscript  |                       |     |                                 |     |   |  | Del × |



| Туре  | Money Paid<br>to You* |  | Money to<br>Your<br>Institution |  | Name of Entity | Comments** |       |  |  |  |
|---|-----------------------|--|---------------------------------|--|----------------|------------|-------|--|--|--|
|   |                       |  |                                 |  |                |            | Add + |  |  |  |
| Support in kind such as writing, provision of medicines or equipment, or administrative support | $\boxtimes$           |  | $\boxtimes$                     |  |                |            | Del × |  |  |  |
|   |                       |  |                                 |  |                |            | Add + |  |  |  |
| Other   |                       |  | $\boxtimes$                     |  |                |            | Del × |  |  |  |
|   |                       |  |                                 |  |                |            |       |  |  |  |

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| Type of Relationship (in alphabetical order) | No          | Money<br>Paid to<br>You | Money to<br>Your<br>institution | Entity | Comments |       |
|--|-------------|-------------------------|---------------------------------|--------|----------|-------|
| Board membership                             | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Consultancy                                  | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Employment                                   | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Expert testimony                             | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Gifts  | $\boxtimes$ |                         |                                 |        |          | Del × |
|  |             |                         |                                 |        |          | Add + |
| Grants/grants pending                        | $\boxtimes$ |                         |                                 |        |          | Del × |



| Type of Relationship (in alphabetical order)  | No          | Money<br>Paid to<br>You | Money to<br>Your<br>institution | Entity | Comments |       |
|---|-------------|-------------------------|---------------------------------|--------|----------|-------|
|   |             |                         |                                 |        |          | Add + |
| Honoraria   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Payment for manuscript preparation  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Patents (planned, pending or issued)  | $\boxtimes$ |                         |                                 |        |          | Del × |
| ,   |             |                         |                                 |        |          | Add + |
| Royalties   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Payment for development of educational presentations including service on speakers' bureaus | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Stock/stock options   | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             | 1                       |                                 |        |          | Add + |
| Travel/accommodations expenses covered or reimbursed  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |
| Other (err on the side of full disclosure)  | $\boxtimes$ |                         |                                 |        |          | Del × |
|   |             |                         |                                 |        |          | Add + |

# Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

| X | No other relationships/conditions/circumstances that present pot   | tential co | nflict of int | erest |
|---|--|------------|---------------|-------|
|   | Yes, the following relationships/conditions/circumstances are pre- | esent (exp | olain below)  | :     |



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|---|
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|   |

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| Section 1. Ide         | ntifying Information                                    | n.                    |                  |                   |                         |                       |
|------------------------|---|-----------------------|------------------|-------------------|-------------------------|-----------------------|
| Given Name: (or first) | Stephen   | Surname:<br>(or last) | Hulley           |                   | Effective Date:         | 07-June-2010          |
| ,                      | e corresponding author?                                 |                       | No               |                   | Format exam             | ple: 07-August-2008   |
| Correspondin           | g author's name: Marl                                   | c Pletcher            |                  |                   |                         |                       |
|                        |   |                       |                  |                   |                         |                       |
| Manuscript T           | itle: Non-Optimal Lipids                                | Commonly Pre          | sent in Young Ac | dults and Coronar | y Calcium Later in Life | 9                     |
| Manuscript Id          | lentifying Number (if                                   | you know it):         |                  |                   |                         |                       |
| Section 2. Info        | ormation about the                                      | support of t          | he work und      | er considerat     | ion for publication     | on.                   |
|                        | r institution at any time i<br>s, data monitoring board |                       | * *              |                   |                         | ork (including but no |
| ☐ No                   |   |                       |                  |                   |                         |                       |
| ⊠ Yes, spo             | ecify nature of compensa                                | ation                 |                  |                   |                         |                       |

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

| Туре   | Type Money Paid to You* |     | Money to<br>Your<br>Institution |             | Name of Entity        | Comments**   |       |
|--|-------------------------|-----|---------------------------------|-------------|-----------------------|--|-------|
|  | No                      | Yes | No                              | Yes         |                       |  |       |
| Grant  |                         |     |                                 | $\boxtimes$ | University of Alabama | Our CARDIA work was supported<br>by a subcontract from UAB that<br>was funded by a contract from<br>the NHLBI at the NIH | Del × |
|  |                         |     |                                 |             |                       |  | Add + |
| Consulting fee or<br>honorarium  |                         |     |                                 |             |                       |  | Del × |
|  |                         |     |                                 |             |                       |  | Add + |
| Support for travel to meetings for the study or otherwise  |                         |     |                                 |             |                       |  | Del × |
|  |                         |     |                                 |             |                       |  | Add + |
| Fees for participation in<br>review activities such as data<br>monitoring boards, statistical<br>analysis, end point<br>committees, and the like |                         |     |                                 |             |                       |  | Del × |
|  | 1                       | 1   |                                 |             |                       |  | Add + |



| Туре  | Money Paid<br>to You* |  | Money to<br>Your<br>Institution |  | Name of Entity | Comments** |       |
|---|-----------------------|--|---------------------------------|--|----------------|------------|-------|
| Payment for writing or reviewing the manuscript   |                       |  |                                 |  |                |            | Del × |
|   | •                     |  |                                 |  |                |            | Add + |
| Support in kind such as writing, provision of medicines or equipment, or administrative support |                       |  |                                 |  |                |            | Del × |
|   | •                     |  |                                 |  |                |            | Add + |
| Other   |                       |  |                                 |  |                |            | Del×  |
|   |                       |  |                                 |  |                |            | Add + |

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|--|----|-------------------------|---------------------------------|--------|----------|-------|
| Board membership                             |    |                         |                                 |        |          | Del × |
|  |    |                         |                                 |        | ,        | Add + |
| Consultancy                                  |    |                         |                                 |        |          | Del×  |
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| Employment                                   |    |                         |                                 |        |          | Del×  |
|  |    |                         | 1                               |        |          | Add + |
| Expert testimony                             |    |                         |                                 |        |          | Del×  |
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| Gifts  |    |                         |                                 |        |          | Del×  |

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| Type of Relationship (in alphabetical order)  | No | Money<br>Paid to<br>You | Money to<br>Your<br>institution | Entity | Comments |       |
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|   |    |                         |                                 |        |          | Add + |
| Grants/grants pending   |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |
| Honoraria   |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |
| Payment for manuscript preparation  |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |
| Patents (planned, pending or issued)  |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |
| Royalties   |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |
| Payment for development of educational presentations including service on speakers' bureaus |    |                         |                                 |        |          | Del × |
|   |    |                         | ,                               |        |          | Add + |
| Stock/stock options   |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |
| Travel/accommodations expenses covered or reimbursed  |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |
| Other (err on the side of full disclosure)  |    |                         |                                 |        |          | Del × |
|   |    |                         |                                 |        |          | Add + |

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| Do your children or | your spouse or pa | artner have financi | ial relationships | with entities | that have an | interest in the | content o | f the |
|---------------------|-------------------|---------------------|-------------------|---------------|--------------|-----------------|-----------|-------|
| submitted work?     |                   |                     |                   |               |              |                 |           |       |

| X | No other | relationshi | ips/condition | ns/circums | tances that | present | potential | conflict | of interes |
|---|----------|-------------|---------------|------------|-------------|---------|-----------|----------|------------|

Yes, the following relationships/conditions/circumstances are present (explain below):



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Effective Date: | 13-May-2010

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Surname:

(or last)

Lin

Section 1. Identifying Information.

Feng

Given Name:

(or first)

Consultancy

**Employment** 

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| Are you the correspond   | ing auth  | or? Yes   | No No  |   | Format example: 07-Augu  | ıst-2008                            |
|--|---|---|--|---|--|-------------------------------------|
| Corresponding author's r   | name:   | Лark J. Pletche   | er   |   |  |                                     |
|  |   |   | nly Present in You<br>oung Adults (CA  | ung Adults and Coronary Calc<br>RDIA) Study   | ium Later in Life: The Coron   | ary                                 |
| Manuscript Identifying N   | lumber  | (if you know  | v it): M10-0248  |   |  |                                     |
| Section 2. Information a   |   |   |  |   | -  |                                     |
| Did you or your institution limited to grants, data monit  |   |   |  |   |  | ng but not                          |
| ⊠ No   |   |   |  |   |  |                                     |
| Yes, specify nature of   | of compe  | ensation  |  |   |  |                                     |
| as you need. Use the comme know about the compensation disclose relationships that far you for not disclosing (for expension). | riate box<br>ities that<br>nents colo<br>on. Rep<br>ill outside<br>example, | es in the table have an inter-<br>umn to indicator relationships the 36-mon long-term fin hip, click "Ac- | e to indicate wherest related to the steep additional tips that were protected to window that ancial relationships the window that ancial relationships to add a relationships to add a relationships. | ether you have financial relate submitted work. Use one last information that you think esent during the 36 months readers may want to know a | ionships (regardless of amo<br>ine for each entity; add as n<br>a reader or editor would w<br>prior to submission. In add<br>bout and could reasonably | nany lines<br>ant to<br>ition pleas |
| Type of Relationship<br>(in alphabetical order)  | No  | Money<br>Paid to<br>You   | Money to<br>Your<br>institution  | Entity  | Comments   |                                     |
| Board membership   | $\boxtimes$   |   |  |   |  | Del ×                               |
|  | I   |   |  |   |  | Add +                               |



| Type of Relationship (in alphabetical order)  | No          | Money<br>Paid to<br>You | Money to<br>Your<br>institution | Entity | Comments |       |
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Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

| Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work? |
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| No other relationships/conditions/circumstances that present potential conflict of interest   |
| Yes, the following relationships/conditions/circumstances are present (explain below):  |
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#### Section 5. Information about relevant nonfinancial associations.

| Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other |
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| No relevant nonfinancial relationships/conditions/circumstances to report.   |

Yes, the following relevant nonfinancial relationships/conditions/circumstances are present (explain below):

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