

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tissa

2. Surname (Last Name)

Wijeratne

3. Date

02-July-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Carotid Artery Stenosis and Inflammatory biomarkers ; The Role of Inflammation-Induced Immunological Responses Affecting the Vascular Systems

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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Dr. Wijeratne 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)

Rohit

2. Surname (Last Name)

Menon

3. Date

02-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tissa Wijeratne

5. Manuscript Title

Carotid Artery Stenosis and Inflammatory biomarkers ; The Role of Inflammation-Induced Immunological Responses Affecting the Vascular Systems

6. Manuscript Identifying Number (if you know it)

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Dr. Menon has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Carmela

2. Surname (Last Name)

Sales

3. Date

02-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tissa Wijeratne

5. Manuscript Title

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Dr. Sales has nothing to disclose.

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1. Given Name (First Name)

Leila

2. Surname (Last Name)

Karimi

3. Date

02-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tissa Wijeratne

5. Manuscript Title

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Sheila

2. Surname (Last Name)

Crewther

3. Date

02-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tissa Wijeratne

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