

Instructions

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Section 1.	Identifying Info	mation	
1. Given Name (F Forgwa Blaise	irst Name)	2. Surname (Last Name) Barche	3. Date 17-April-2020
4. Are you the co	rresponding author?	✓ Yes No	
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6. Manuscript Ide	entifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest?		Yes
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Dr. Barche has nothing to disclose.

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2. Surname (Last Name) Dzudie	3. Date 17-April-2020
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v	Dzudie

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5. Manuscript Title Prevalence and associated factors of hypokalemia in hypertension: the perspective in a low to middle-income setting					
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Dr. Ama Moor has nothing to disclose.

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Dr. Fomo has nothing to disclose.

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1. Given Name (Fir Peter Vanes	rst Name)	2. Surname (Last Name) Ebasone		3. Date 18-April-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nan Blaise Barche	ne
5. Manuscript Title Prevalence and associated factors of hypokalemia in hypertension: the perspective in a low to middle-income setting				
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1. Given Name (Fin Mouliom	rst Name)	2. Surnan Sidick	ne (Last Name)	3. Date 17-April-2020
4. Are you the corresponding author?		Yes	✓ No	Corresponding Author's Name Blaise Barche
5. Manuscript Title Prevalence and associated factors of hypokalemia in hypertension: the perspective in a low to middle-income setting				
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Dr. Kamdem has nothing to disclose.

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Prof. Halle has nothing to disclose.

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Dr. Etoundi Ngoa has nothing to disclose.

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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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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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**.

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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. Ashuntantang has nothing to disclose.

Evaluation and Feedback