## ICMJE DISCLOSURE FORM

Date: 1-24-22			. <u> </u>
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Manuscript Title:	entary that	10.2 -4-4	1 01 0
Manuscript number (if known):	<u> </u>		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

<u> </u>		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in Item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

;	Payment or honoraria for	None			
	lectures, presentations,			20 200	
	speakers bureaus,				
	manuscript writing or				
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6	Payment for expert	None			
	testimony				
7	Support for attending	None			
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	Patents planned, issued or	None			
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	pending				
9	Participation on a Data	None			<del></del>
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10	Leadership or fiduciary role	None			
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13	Other financial or non-	None			**************************************
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Please summarize the above conflict of interest in the following box:

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Your Name: Marc E. Walke	my: The Roll of the AO Rullely in trying hing	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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