

ICMJE DISCLOSURE FORM

Date: 20/05/2023

Your Name: Reifad Zaman

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city

Manuscript number (if known): JXYM-23-8

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 current manuscript only.

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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.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18/05/2023
 Your Name: Labida
 Islam _____
 Manuscript Title: _____ Dietary salt consumption in an urban slum of Dhaka
 city _____
 Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 18/05/2013
 Your Name: Tahmina Akhter
 Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city
 Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 18.05.2023
 Your Name: Halima Akter Sathi
 Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city
 Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 18/05/2023
 Your Name: Afroza Sultana
 Manuscript Title: Dietary salt consumption in an urban slum of Dhaka
 Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 18/05/2023
 Your Name: Umme Tanim Farzana
 Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city
 Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 18/05/2023
 Your Name: Kawcher Ahmed
 Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city
 Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 18.05.2023 _____

Your Name: Kaniz Naima _____

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city _____

Manuscript number (if known): JXYM-23-8 _____

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ICMJE DISCLOSURE FORM

Date: 20/05/2023

Your Name: Md. Maruf Hossain

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city

Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 18/05/2013
 Your Name: Mamunur Rashid
 Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city
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Date: 18.05.2023 _____

Your Name: Md. Masum Zikrul _____

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city _____

Manuscript number (if known): JXYM-23-8 _____

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ICMJE DISCLOSURE FORM

Date: 20/05/2023

Your Name: Md Mahmudullah

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city

Manuscript number (if known): JXYM-23-8

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None

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 20/05/2023

Your Name: Fardina Rahman Omi

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city

Manuscript number (if known): JXYM-23-8

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5		___ None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
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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None

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ICMJE DISCLOSURE FORM

Date: 22/05/2023

Your Name: Lingkan Barua

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city

Manuscript number (if known): JXYM-23-8

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ICMJE DISCLOSURE FORM

Date: 20/05/2023

Your Name: Palash Chandra Banik

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city

Manuscript number (if known): JXYM-23-8

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None

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ICMJE DISCLOSURE FORM

Date: 19.05.2023 _____

Your Name: Dr. Mithila Faruque _____

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city _____

Manuscript number (if known): JXYM-23-8 _____

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ICMJE DISCLOSURE FORM

Date: 19/05/2023

Your Name: Mohammad Mostafa Zaman

Manuscript Title: Dietary salt consumption in an urban slum of Dhaka city

Manuscript number (if known): JXYM-23-8

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