

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ahmed O.	2. Surname (Last Name) Almobarak	3. Date 20-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohamed H. Ahmed
5. Manuscript Title Prevalence and predictive factors for heart failure among Sudanese individuals with diabetes: Population based survey		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Heitham	2. Surname (Last Name) Awadalla	3. Date 20-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mohamed H. Ahmed
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1. Given Name (First Name) Mugtaba	2. Surname (Last Name) Osman	3. Date 20-April-2018
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1. Given Name (First Name)
Mohamed H.

2. Surname (Last Name)
Ahmed

3. Date
20-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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