ICMJE DISCLOSURE FORM

Da	te:12/27/2023	3				
	Your Name:Jawad Alzeer					
	inuscript Title:_ Balancing meostasis	Potential Energy and Er	ntropy: The Foundations of Lifestylopathy and			
Ma	nuscript number (if known)	: JPHE-23-140				
relator	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. ps/activities/interests as they relate to the current			
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.						
		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.	_X_None				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None				
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6	Payment for expert	_X_None		
	testimony			
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	,			
8	Patents planned, issued or	_X_None		
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9	Participation on a Data	_X_None		
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	Advisory Board			
10	Leadership or fiduciary role	_X_None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
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12	Receipt of equipment,	_X_None		
	materials, drugs, medical			
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	financial interests			
Please summarize the above conflict of interest in the following box:				
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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.