ICMJE DISCLOSURE FORM

Date: 4-August-2022			
Your Name:	Zongqiang Han		
Manuscript Title: _	Development and validation of a decision tree classification model for the essential hypertension		
based on serum protein biomarkers			
Manuscript number	r (if known):		

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 they relate to the <u>current manuscript only</u>.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 1.funding 2. funding	Beijing Municipal Administration of Hospitals Incubating Program (Code:PX2020078) Beijing Xiaotangshan Hospital Scientific Research Project (Code: Tang2021-01)
		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	

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

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

This work was supported by the Beijing Municipal Administration of Hospitals Incubating Program (Code: PX2020078) and the Beijing Xiaotangshan Hospital Scientific Research Project (Code: Tang2021-01).

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: 4-August-2022			
Your Name:	Lina Wen		
Manuscript Title:	Screening of serum protein biomarkers in essential hypertension by matrix-assisted laser		
desorption	n/ionization time-of-flight mass spectrometry (MALDI-TOF MS) combined with magnetic beads		
Manuscript number (if known):			

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		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)
1	All support for the present	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 1.funding	Beijing Municipal Administration of Hospitals Incubating Program (Code:PX2020078)
		2. funding	Beijing Xiaotangshan Hospital Scientific Research Project (Code: Tang2021-01)
		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	_√None	
	educational events		
6	Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	<u>√</u> None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	√ None	
9	Safety Monitoring Board or	None	
10	Advisory Board	,	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_√None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	<u>√</u> None	

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