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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)
		Time frame: Since the initia	al 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.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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None		None		

Da	te:2022/12	2/16		
Yo	ur Name: Huaj	iong Yu		
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Date	e:2022/12	/16	
Your	· Name: Ji Zon	g	
Man	uscript Title: The imp	act of hypertension for m	etabolites in patients with acute coronary syndrome
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None		None		

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Yo	ur Name: Jiani	ng Xue	
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Please summarize the above conflict of interest in the following box:	Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
None		None		

Da	ite:2022/12	2/16	
Yo	ur Name: Zuosh	i Wen	
Ma	anuscript Title: The imp	act of hypertension for me	etabolites in patients with acute coronary syndrome
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	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
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1	All support for the present	X None	planning of the work
1	manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

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Please summarize the above conflict of interest in the following box:	Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
None		None		

Da	te:2022/12	2/16	
Ma	anuscript Title: The imp	act of hypertension for me	etabolites in patients with acute coronary syndrome
In rel pa to rel Th ma	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medicated the document of the second of the s	we ask you to disclose all manuscript. "Related" med affected by the content on necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare cation is not mentioned in a poort for the work reported.	I 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 If you are in doubt about whether to list a o so. Ips/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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 initia	l 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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Please summarize the above conflict of interest in the following box:	Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
None		None		

Da	te:2022/12	2/16				
Yo	Your Name: Luping Du					
Ma	Your Name: Luping Du Manuscript Title: The impact of hypertension for metabolites in patients with acute coronary syndrome					
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	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
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	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)			
		needed) Time frame: Since the initia	Inlanning of the work			
1	All support for the present	X None	planning of the work			
1	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		T:	26 months			
2	Grants or contracts from	Time frame: past X None	36 Months			
۷	any entity (if not indicated	^_NUITE				
	in item #1 above).					
3	Royalties or licenses	XNone				
4	Consulting fees	X None				

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert testimony	XNone	
7	Support for attending	XNone	
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
42	services	V N	
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the	following box:
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Dat	e:2022/12	/16	
You	r Name: Ting C	hen	
Mai	nuscript Title: The imp	act of hypertension for m	etabolites in patients with acute coronary syndrome
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	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
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	All support for the present	XNone	
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'	noyalties of licerises	XNone	
ı	Consulting fees	X None	

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8	Patents planned, issued or	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
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42	services	V N	
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above c	onflict of interest in the	following box:
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