

ICMJE DISCLOSURE FORM

Date: _____ 2022/12/16 _____
 Your Name: _____ Feng Hu _____
 Manuscript Title: _____ The impact of hypertension for metabolites in patients with acute coronary syndrome _____
 Manuscript number (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 as they relate to the current manuscript only.

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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)
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None

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

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Date: _____ 2022/12/16 _____
 Your Name: _____ Huajiong Yu _____
 Manuscript Title: _____ The impact of hypertension for metabolites in patients with acute coronary syndrome _____
 Manuscript number (if known): _____

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Date: 2022/12/16
 Your Name: Ji Zong
 Manuscript Title: The impact of hypertension for metabolites in patients with acute coronary syndrome
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 2022/12/16 _____
 Your Name: _____ Jianing Xue _____
 Manuscript Title: _____ The impact of hypertension for metabolites in patients with acute coronary syndrome _____
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/12/16
 Your Name: Zuoshi Wen
 Manuscript Title: The impact of hypertension for metabolites in patients with acute coronary syndrome
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 2022/12/16 _____
 Your Name: _____ Mengjia Chen _____
 Manuscript Title: _____ The impact of hypertension for metabolites in patients with acute coronary syndrome _____
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Date: _____ 2022/12/16 _____
 Your Name: _____ Luping Du _____
 Manuscript Title: _____ The impact of hypertension for metabolites in patients with acute coronary syndrome _____
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Date: 2022/12/16
 Your Name: Ting Chen
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