

## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Wenduo Zhang

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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.

## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Ruiyue Yang

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Xue Yu

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Siming Wang

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Xinyue Wang

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Hongna Mu

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Yueming Tang

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Xianghui Li

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Mo Wang

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

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## ICMJE DISCLOSURE FORM

Date: 2022/5/30

Your Name: Chenguang Yang

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

Manuscript number (if known): \_\_\_\_\_

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Your Name: Peng Li

Manuscript Title: Design, methods and baseline characteristics of the Beijing Hospital Atherosclerosis Study: a prospective cohort study

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u> X </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> 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	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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

None

Please place an "X" next to the following statement to indicate your agreement:

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