

## ICMJE DISCLOSURE FORM

**Date:** 27 february 2024

**Your Name:** Nicolas POSTEL-VINAY

**Manuscript Title:** HOME BLOOD PRESSURE MEASUREMENT SELF-REPORTING IN REAL-LIFE PRACTICES USING THE HY-RESULT APP : Self-monitoring and digital pathway

**Manuscript number (if known):** mHealth-23-66

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.

The author’s relationships/activities/interests should be defined broadly. 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)
<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>	None	The Hy-Result application is certified by the French Society of Hypertension. Its development is supported by 2 non-profit organizations (Association Robert Debré pour la recherche médicale, Fondation de l'Avenir) and university (Faculté de Médecine Paris V); it is free of charge and generates no revenue. Nicolas Postel-Vinay, is one of the academic authors, does not receive any remuneration.
<b>Time frame: past 36 months</b>			
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

The Hy-Result application is certified by the French Society of Hypertension. Its development is supported by 2 non-profit organizations (Association Robert Debré pour la recherche médicale, Fondation de l'Avenir) and university (Faculté de Médecine Paris V); it is free of charge and generates no revenue. Nicolas Postel-Vinay, is one of the academic authors, does not receive any remuneration.

**I certify that I have answered every question and have not altered the wording of any of the questions on this form.**  
**Nicolas Postel-Vinay**

## ICMJE DISCLOSURE FORM

Date: 07/02/2024

Your Name: Nicole Gebara

Manuscript Title: Home Blood Pressure Measurement Self-Reporting in Real-Life Practices Using the Hy-Result App

Manuscript number (if known):

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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>	X None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
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	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

**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: 06 February 2024

Your Name: Roland Asmar

Manuscript Title: HOME BLOOD PRESSURE MEASUREMENT SELF-REPORTING IN REAL-LIFE PRACTICES USING THE HY-RESULT APP.

Manuscript number (if known): mHealth-23-66-R1

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.

The author's relationships/activities/interests should be defined broadly. 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)
<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>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Omron (Japan); Servier (France)	receives payments for grants
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	Axelif (France)	receives payments for consulting

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

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

Roland Asmar receives payments for grants from Omron (Japan) and Servier (France), payments for consulting from Axelif (France), payments for lectures from Omron, Recordati, Boehringer, payments for meetings from Recordati, Omron and payments for equipment from Omron.

**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.

*R. Asnar*  
R. ASNAR

## ICMJE DISCLOSURE FORM

Date: 9 FEB 2023  
 Your Name: Dominique Stephan  
 Manuscript Title: Management of arterial hypertension : Home Blood Pressure Measurement is the cornerstone for Telemonitoring and Self-Management  
 Manuscript number (if known): mHealth-22-51-R1

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.

The author's relationships/activities/interests should be defined broadly. 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.

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<b>Time frame: past 36 months</b>			
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 educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

**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. X**

## ICMJE DISCLOSURE FORM

Date: 06 FEBRUARY 2024

Your Name: AURELIEN LORTHIOIR

Manuscript Title: HOME BLOOD PRESSURE MEASUREMENT SELF-REPORTING IN REAL-LIFE PRACTICES USING THE HY-RESULT APP

Manuscript number (if known): Manuscript ID: mHealth-23-66-R1

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.

The author's relationships/activities/interests should be defined broadly. 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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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

**BAYER : Speaker bureau and lectures (payment to me)**  
**ASTRAZENECA : Presentations (payment to me)**

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: 08/02/2024

Your Name: AMAR Laurence

Manuscript Title: HOME BLOOD PRESSURE MEASUREMENT SELF-REPORTING IN REAL-LIFE PRACTICES USING THE HY-RESULT APP

Manuscript number (if known):

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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