

ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Sufian K Noor

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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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| 3 | Royalties or licenses | None | |
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ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Moshira Hassan Elfakey Fadlseed

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Sara Osman Elamin Bushara

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Safa Badi

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Omer Mohamed

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Amin Elmubarak

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Musa Kheir

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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Date:14-11-2022_____

Your Name: Nuha Eljailli Abubaker

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

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ICMJE DISCLOSURE FORM

Date:14-11-2022_____

Your Name: Mohamed H Ahmed

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

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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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| Time frame: Since the initial planning of the work | | | |
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| | | | |
| 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 | |
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| | | | |
| 4 | Consulting fees | None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| | | | |
| 6 | Payment for expert testimony | ____ None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| | | | |
| 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 | |
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| | | | |
| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ____ None | |
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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:14-11-2022_____

Your Name: Musaab Ahmed

Manuscript Title: Prevalence of Obesity Related Hypertension among Adults Sudanese in River Nile State in Northern Sudan: a community based cross-sectional study

Manuscript number (if known): CDT-22-473_____

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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