

ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Xiaoguang Yao

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-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.

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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	

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.

ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Nanfang Li

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-R1

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ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Mulalibieke Heizhati

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-R1

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Your Name: Yingchun Wang

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Your Name: Yue Ma

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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	

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.

ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Run Wang

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-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 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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ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Delian Zhang

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-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.

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ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Qin Luo

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-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.

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ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Junli Hu

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-R1

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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	

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.

ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Menghui Wang

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-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 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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ICMJE DISCLOSURE FORM

Date: 9/3/2023

Your Name: Qing Zhu

Manuscript Title: OSA remains a risk factor for cardiac events even in hypertensive patients under treatment: The UROSAH data

Manuscript Number (if known): CDT-23-284-R1

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