Date:\_\_\_\_\_December. 20<sup>th</sup>, 2023\_\_\_\_\_

Royalties or licenses

Consulting fees

X\_\_None

X\_\_None

3

| Yo              | ur Name:Xuesong Fan  | _  |   |      |  |
|-----------------|--|--|---|------|--|
| Ma              | Manuscript Title: Reference intervals for cardiometabolic risk factors in China: a national multicenter cross- |  |   |      |  |
| se              | ctional study on an adult po   | pulation sample  |   |      |  |
| Ma              | Manuscript number (if known):  |  |   |      |  |
|                 |  |  |   |      |  |
| rel<br>pa<br>to | ated to the content of your rties whose interests may be   | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias                     | Il relationships/activities/interests listed below that are<br>eans any relation with for-profit or not-for-profit third<br>of the manuscript. Disclosure represents a commitment<br>i. If you are in doubt about whether to list a<br>lo so. |      |  |
|                 | e following questions apply<br>anuscript only.   | to the author's relationsh   | nips/activities/interests as they relate to the current   |      |  |
| to              | • -  | ension, you should declar  | e <u>defined broadly</u> . For example, if your manuscript perta<br>e all relationships with manufacturers of antihypertensi<br>the manuscript.   |      |  |
|                 | item #1 below, report all su<br>e time frame for disclosure i  | •  | ed in this manuscript without time limit. For all other it  | ems, |  |
|                 |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)   |      |  |
|                 |  | Time frame: Since the initi  | al planning of the work   |      |  |
| •               | All I C II   |  |   |      |  |
| L               | All support for the present manuscript (e.g., funding,   | XNone  |   |      |  |
|                 | provision of study materials,  |  |   |      |  |
|                 | medical writing, article   |  |   |      |  |
|                 | processing charges, etc.)  |  |   |      |  |
|                 | No time limit for this item.   |  |   |      |  |
|                 |  |  |   |      |  |
|                 |  |  |   |      |  |
|                 |  | Time frame: pas  | st 36 months  |      |  |
| 2               | Grants or contracts from   | XNone  |   |      |  |
|                 | any entity (if not indicated in item #1 above).  |  |   |      |  |

| 5   | Payment or honoraria for                              | XNone                         |              |
|-----|---|-------------------------------|--------------|
|     | lectures, presentations,                              |                               |              |
|     | speakers bureaus,                                     |                               |              |
|     | manuscript writing or                                 |                               |              |
|     | educational events                                    |                               |              |
| 6   | Payment for expert testimony                          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 7   | Support for attending meetings and/or travel          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | XNone                         |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data<br>Safety Monitoring Board or | XNone                         |              |
|     |   |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role                          | XNone                         |              |
|     | in other board, society,                              |                               |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical    | X_None                        |              |
|     |   |                               |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | XNone                         |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above co                           | onflict of interest in the fo | llowing box: |
|     | None.   |                               |              |
|     |   |                               |              |

| Date:December. 20 <sup>th</sup> , 2023<br>Your Name: Xianjun Wang<br>Manuscript Title: Reference intervals for cardiometabolic risk factors in China: a national multicenter cross-sectional study on an adult population sample<br>Manuscript number (if known): |  |  |   |  |  |
|---|--|--|---|--|--|
| rel<br>pa<br>to   | 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. |  |   |  |  |
|   | e following questions apply<br>nuscript only.  | to the author's relationshi  | ps/activities/interests as they relate to the <u>current</u>                        |  |  |
| to<br>me  | The author's relationships/activities/interests should be <u>defined broadly</u> . 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   | e time frame for disclosure is   | s the past 36 months.  |   |  |  |
|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |  |
|   |  | Time frame: Since the initial  | planning of the work  |  |  |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article  | XNone  |   |  |  |

|   | processing charges, etc.) No time limit for this item. |                            |
|---|--|----------------------------|
|   |  |                            |
|   |  | Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated  | XNone                      |
|   | in item #1 above).                                     |                            |
| 3 | Royalties or licenses                                  | XNone                      |
|   |  |                            |
|   |  |                            |
| 4 | Consulting fees  | XNone                      |
|   |  |                            |

| 5   | Payment or honoraria for                              | XNone                         |              |
|-----|---|-------------------------------|--------------|
|     | lectures, presentations,                              |                               |              |
|     | speakers bureaus,                                     |                               |              |
|     | manuscript writing or                                 |                               |              |
|     | educational events                                    |                               |              |
| 6   | Payment for expert testimony                          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 7   | Support for attending meetings and/or travel          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | XNone                         |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data<br>Safety Monitoring Board or | XNone                         |              |
|     |   |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role                          | XNone                         |              |
|     | in other board, society,                              |                               |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical    | X_None                        |              |
|     |   |                               |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | XNone                         |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above co                           | onflict of interest in the fo | llowing box: |
|     | None.   |                               |              |
|     |   |                               |              |

| Date: December. 20 <sup>th</sup> , 2023   |   |
|---|---|
| Your Name: Hongmei Zhao   |   |
| Manuscript Title: Reference intervals for cardiometabolic risk factor   | s in China: a national multicenter cross- |
| sectional study on an adult population sample   |   |
| Manuscript number (if known):   |   |
|   |   |
| In the interest of transparency, we ask you to disclose all relationships/acrelated to the content of your manuscript. "Related" means any relation v   | vith for-profit or not-for-profit third   |
| parties whose interests may be affected by the content of the manuscript<br>to transparency and does not necessarily indicate a bias. If you are in dou | •   |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | X_None   |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone  |   |
| 3 | Royalties or licenses   | XNone  |   |
| 4 | Consulting fees   | XNone  |   |

| 5   | Payment or honoraria for                              | XNone                         |              |
|-----|---|-------------------------------|--------------|
|     | lectures, presentations,                              |                               |              |
|     | speakers bureaus,                                     |                               |              |
|     | manuscript writing or                                 |                               |              |
|     | educational events                                    |                               |              |
| 6   | Payment for expert testimony                          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 7   | Support for attending meetings and/or travel          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | XNone                         |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data<br>Safety Monitoring Board or | XNone                         |              |
|     |   |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role                          | XNone                         |              |
|     | in other board, society,                              |                               |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical    | X_None                        |              |
|     |   |                               |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | XNone                         |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above co                           | onflict of interest in the fo | llowing box: |
|     | None.   |                               |              |
|     |   |                               |              |

Date:\_\_\_\_\_December. 20<sup>th</sup>, 2023\_\_\_\_\_

Consulting fees

| Ma<br>se        | ur Name: Daqian Xiong _<br>anuscript Title: Refere<br>ctional study on an adult pop<br>anuscript number (if known)  | nce intervals for cardiomo<br>pulation sample  | etabolic risk factors in China: a national multicenter cross-   |
|-----------------|---|--|---|
| rel<br>pa<br>to | ated to the content of your rties whose interests may be  | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias                     | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |
|                 | e following questions apply anuscript only.   | to the author's relationsh   | ips/activities/interests as they relate to the current  |
| to              |   | ension, you should declare   | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  |
|                 | item #1 below, report all sup<br>e time frame for disclosure i  | •  | ed in this manuscript without time limit. For all other items,  |
|                 |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
|                 |   | Time frame: Since the initia   | al planning of the work   |
| 1               | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  |   |
|                 |   |  |   |
|                 |   | Time frame: pas  | t 36 months   |
| 2               | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone  |   |
| 3               | Royalties or licenses   | XNone  |   |

| 5   | Payment or honoraria for                              | XNone                         |              |
|-----|---|-------------------------------|--------------|
|     | lectures, presentations,                              |                               |              |
|     | speakers bureaus,                                     |                               |              |
|     | manuscript writing or                                 |                               |              |
|     | educational events                                    |                               |              |
| 6   | Payment for expert testimony                          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 7   | Support for attending meetings and/or travel          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | XNone                         |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data<br>Safety Monitoring Board or | XNone                         |              |
|     |   |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role                          | XNone                         |              |
|     | in other board, society,                              |                               |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical    | X_None                        |              |
|     |   |                               |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | XNone                         |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above co                           | onflict of interest in the fo | llowing box: |
|     | None.   |                               |              |
|     |   |                               |              |

| Yo              | te:December. 20 <sup>th</sup> , 20<br>ur Name: Min Hu  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
| sec             | Manuscript Title: Reference intervals for cardiometabolic risk factors in China: a national multicenter cross-sectional study on an adult population sample<br>Manuscript number (if known): |  |  |  |  |  |
| rel<br>pa<br>to | ated to the content of your rties whose interests may be   | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias         | I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |  |  |  |
|                 | e following questions apply<br>nuscript only.  | to the author's relationsh   | ips/activities/interests as they relate to the <u>current</u>  |  |  |  |
| to<br>me        | the epidemiology of hyperto<br>edication, even if that medic   | ension, you should declare<br>ation is not mentioned in<br>pport for the work reporte        | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items                              |  |  |  |
|                 |  | ·  |  |  |  |  |
|                 |  | 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)  |  |  |  |
|                 |  | Time frame: Since the initia   | l planning of the work   |  |  |  |
| 1               | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br>No time limit for this item.          | XNone  |  |  |  |  |
|                 |  |  |  |  |  |  |
|                 |  | Time frame: pas  | t 36 months  |  |  |  |
| 2               | Grants or contracts from any entity (if not indicated in item #1 above).   | XNone  |  |  |  |  |
| 3               | Royalties or licenses  | XNone  |  |  |  |  |

Consulting fees

| 5   | Payment or honoraria for                              | XNone                         |              |
|-----|---|-------------------------------|--------------|
|     | lectures, presentations,                              |                               |              |
|     | speakers bureaus,                                     |                               |              |
|     | manuscript writing or                                 |                               |              |
|     | educational events                                    |                               |              |
| 6   | Payment for expert testimony                          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 7   | Support for attending meetings and/or travel          | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | XNone                         |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data<br>Safety Monitoring Board or | XNone                         |              |
|     |   |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role                          | XNone                         |              |
|     | in other board, society,                              |                               |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical    | X_None                        |              |
|     |   |                               |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | XNone                         |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above co                           | onflict of interest in the fo | llowing box: |
|     | None.   |                               |              |
|     |   |                               |              |

Date:\_\_\_\_\_December. 20<sup>th</sup>, 2023\_\_\_\_\_

Consulting fees

| Ma                     | Your Name: Lixin Wang Manuscript Title: Reference intervals for cardiometabolic risk factors in China: a national multicenter cross- sectional study on an adult population sample |   |   |  |  |  |
|------------------------|--|---|---|--|--|--|
| Ma                     | Manuscript number (if known):  |   |   |  |  |  |
| rel<br>pa<br>to<br>rel | ated to the content of your rties whose interests may be transparency and does not rationship/activity/interest, e following questions apply                                       | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias<br>it is preferable that you d | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.  ips/activities/interests as they relate to the current |  |  |  |
| Th<br>to               |  | ension, you should declare  | e defined broadly. For example, if your manuscript pertains a all relationships with manufacturers of antihypertensive the manuscript.  |  |  |  |
|                        | item #1 below, report all sup<br>e time frame for disclosure is  | •   | ed in this manuscript without time limit. For all other items,  |  |  |  |
|                        |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)            | Specifications/Comments (e.g., if payments were made to you or to your institution)   |  |  |  |
|                        |  | Time frame: Since the inition   | al planning of the work   |  |  |  |
| 1                      | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.              | XNone   |   |  |  |  |
|                        |  |   |   |  |  |  |
|                        |  | Time frame: pas   | t 36 months   |  |  |  |
| 2                      | Grants or contracts from any entity (if not indicated in item #1 above).   | XNone   |   |  |  |  |
| 3                      | Royalties or licenses  | XNone   |   |  |  |  |

| 5   | Payment or honoraria for                           | XNone                         |              |
|-----|--|-------------------------------|--------------|
|     | lectures, presentations,                           |                               |              |
|     | speakers bureaus,                                  |                               |              |
|     | manuscript writing or                              |                               |              |
|     | educational events                                 |                               |              |
| 6   | Payment for expert testimony                       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 7   | Support for attending meetings and/or travel       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 8   | Patents planned, issued or                         | XNone                         |              |
|     | pending  |                               |              |
|     |  |                               |              |
| 9   | Participation on a Data                            | XNone                         |              |
|     | Safety Monitoring Board or                         |                               |              |
|     | Advisory Board                                     |                               |              |
| 10  | Leadership or fiduciary role                       | XNone                         |              |
|     | in other board, society,                           |                               |              |
|     | committee or advocacy                              |                               |              |
|     | group, paid or unpaid                              |                               |              |
| 11  | Stock or stock options                             | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical | X_None                        |              |
|     |  |                               |              |
|     | writing, gifts or other                            |                               |              |
|     | services   |                               |              |
| 13  | Other financial or non-<br>financial interests     | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| Ple | ease summarize the above co                        | onflict of interest in the fo | llowing box: |
|     | None.  |                               |              |
| L   |  |                               |              |

| Yo<br>Ma<br>sec | te:December. 20 <sup>th</sup> , 20<br>ur Name: Aiping Pan<br>anuscript Title: Refere<br>ctional study on an adult po<br>anuscript number (if known)                   | nce intervals for cardiome   | etabolic risk factors in China: a national multicenter cros   | is- |
|-----------------|---|--|---|-----|
| rel<br>pa<br>to | ated to the content of your<br>rties whose interests may be   | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias                     | Il relationships/activities/interests listed below that are<br>eans any relation with for-profit or not-for-profit third<br>of the manuscript. Disclosure represents a commitment<br>. If you are in doubt about whether to list a<br>o so. |     |
|                 | e following questions apply<br>nuscript only.   | to the author's relationsh   | ips/activities/interests as they relate to the current  |     |
| to<br>me        | the epidemiology of hypertoedication, even if that medic  | ension, you should declare<br>cation is not mentioned in<br>pport for the work reporte                   | e <u>defined broadly</u> . For example, if your manuscript perta<br>e all relationships with manufacturers of antihypertensi<br>the manuscript.<br>ed in this manuscript without time limit. For all other it                               | ve  |
|                 |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)   |     |
|                 |   | Time frame: Since the initia   | al planning of the work   |     |
| 1               | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  |   |     |
|                 |   | Time frame: pas  | t 36 months   |     |
| 2               | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone  |   |     |
| 3               | Royalties or licenses   | X None   |   |     |

Consulting fees

| 5   | Payment or honoraria for                           | XNone                         |              |
|-----|--|-------------------------------|--------------|
|     | lectures, presentations,                           |                               |              |
|     | speakers bureaus,                                  |                               |              |
|     | manuscript writing or                              |                               |              |
|     | educational events                                 |                               |              |
| 6   | Payment for expert testimony                       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 7   | Support for attending meetings and/or travel       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 8   | Patents planned, issued or                         | XNone                         |              |
|     | pending  |                               |              |
|     |  |                               |              |
| 9   | Participation on a Data                            | XNone                         |              |
|     | Safety Monitoring Board or                         |                               |              |
|     | Advisory Board                                     |                               |              |
| 10  | Leadership or fiduciary role                       | XNone                         |              |
|     | in other board, society,                           |                               |              |
|     | committee or advocacy                              |                               |              |
|     | group, paid or unpaid                              |                               |              |
| 11  | Stock or stock options                             | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical | X_None                        |              |
|     |  |                               |              |
|     | writing, gifts or other                            |                               |              |
|     | services   |                               |              |
| 13  | Other financial or non-<br>financial interests     | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| Ple | ease summarize the above co                        | onflict of interest in the fo | llowing box: |
|     | None.  |                               |              |
| L   |  |                               |              |

| Yo<br>Ma<br>sec | te:December. 20 <sup>th</sup> , 20<br>ur Name: Carlo Gabelli _<br>anuscript Title: Refere<br>ctional study on an adult po<br>anuscript number (if known)              | nce intervals for cardiome pulation sample   | etabolic risk factors in China: a national multicenter cross-   |
|-----------------|---|--|---|
| rel<br>pa<br>to | ated to the content of your rties whose interests may be  | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias         | Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |
|                 | e following questions apply<br>inuscript only.  | to the author's relationsh   | ips/activities/interests as they relate to the current  |
| to<br>me        | the epidemiology of hyperto<br>edication, even if that medic  | ension, you should declare<br>ation is not mentioned in<br>pport for the work reporte        | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,                              |
|                 |   | 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)   |
|                 |   | Time frame: Since the initia   | al planning of the work   |
| 1               | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  |   |
|                 |   | Time frame, nee  | t 26 months   |
| 2               | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pasXNone   | t 56 months   |
| 3               | Royalties or licenses   | XNone  |   |

Consulting fees

| 5   | Payment or honoraria for                           | XNone                         |              |
|-----|--|-------------------------------|--------------|
|     | lectures, presentations,                           |                               |              |
|     | speakers bureaus,                                  |                               |              |
|     | manuscript writing or                              |                               |              |
|     | educational events                                 |                               |              |
| 6   | Payment for expert testimony                       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 7   | Support for attending meetings and/or travel       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 8   | Patents planned, issued or                         | XNone                         |              |
|     | pending  |                               |              |
|     |  |                               |              |
| 9   | Participation on a Data                            | XNone                         |              |
|     | Safety Monitoring Board or                         |                               |              |
|     | Advisory Board                                     |                               |              |
| 10  | Leadership or fiduciary role                       | XNone                         |              |
|     | in other board, society,                           |                               |              |
|     | committee or advocacy                              |                               |              |
|     | group, paid or unpaid                              |                               |              |
| 11  | Stock or stock options                             | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical | X_None                        |              |
|     |  |                               |              |
|     | writing, gifts or other                            |                               |              |
|     | services   |                               |              |
| 13  | Other financial or non-<br>financial interests     | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| Ple | ease summarize the above co                        | onflict of interest in the fo | llowing box: |
|     | None.  |                               |              |
| L   |  |                               |              |

| Yo<br>Ma<br>sec | te:December. 20 <sup>th</sup> , 20<br>ur Name: Matthew J. Bu<br>nuscript Title: Refere<br>ctional study on an adult po<br>nuscript number (if known)                  | doff<br>nce intervals for cardiome<br>pulation sample   | tabolic risk factors in China: a national multicenter cross-  |  |
|-----------------|---|---|---|--|
| rel<br>pa<br>to | ated to the content of your rties whose interests may be  | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias          | I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |  |
|                 | e following questions apply inuscript only.   | to the author's relationsh  | ips/activities/interests as they relate to the current  |  |
| to<br>me        | the epidemiology of hyperto<br>edication, even if that medic  | ension, you should declare<br>ation is not mentioned in<br>pport for the work reporte         | defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.  Ed in this manuscript without time limit. For all other iten                               |  |
|                 |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution)   |  |
|                 |   | needed) Time frame: Since the initia  | I planning of the work  |  |
| 1               | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  Time frame: pas  | 236 months  |  |
| 2               | Grants or contracts from  | XNone   | as months   |  |
|                 | any entity (if not indicated in item #1 above).   |   |   |  |
| 3               | Royalties or licenses   | X_None  |   |  |

Consulting fees

| 5   | Payment or honoraria for                           | XNone                         |              |
|-----|--|-------------------------------|--------------|
|     | lectures, presentations,                           |                               |              |
|     | speakers bureaus,                                  |                               |              |
|     | manuscript writing or                              |                               |              |
|     | educational events                                 |                               |              |
| 6   | Payment for expert testimony                       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 7   | Support for attending meetings and/or travel       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 8   | Patents planned, issued or                         | XNone                         |              |
|     | pending  |                               |              |
|     |  |                               |              |
| 9   | Participation on a Data                            | XNone                         |              |
|     | Safety Monitoring Board or                         |                               |              |
|     | Advisory Board                                     |                               |              |
| 10  | Leadership or fiduciary role                       | XNone                         |              |
|     | in other board, society,                           |                               |              |
|     | committee or advocacy                              |                               |              |
|     | group, paid or unpaid                              |                               |              |
| 11  | Stock or stock options                             | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical | X_None                        |              |
|     |  |                               |              |
|     | writing, gifts or other                            |                               |              |
|     | services   |                               |              |
| 13  | Other financial or non-<br>financial interests     | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| Ple | ease summarize the above co                        | onflict of interest in the fo | llowing box: |
|     | None.  |                               |              |
| L   |  |                               |              |

Date:\_\_\_\_\_December. 20<sup>th</sup>, 2023\_\_\_\_\_

Consulting fees

|                 | Your Name: Hui Yuan<br>Manuscript Title: Reference intervals for cardiometabolic risk factors in China: a national multicenter cross- |  |   |  |  |  |
|-----------------|---|--|---|--|--|--|
|                 | ctional study on an adult po  |  | stabolic risk ractors in clinia, a riational manacenter cross   |  |  |  |
|                 | Manuscript number (if known):   |  |   |  |  |  |
|                 | ,   |  |   |  |  |  |
| rel<br>pa<br>to | ated to the content of your rties whose interests may be  | manuscript. "Related" me<br>e affected by the content<br>necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |  |  |  |
|                 | e following questions apply<br>anuscript only.  | to the author's relationsh   | ips/activities/interests as they relate to the <u>current</u>   |  |  |  |
| to              |   | ension, you should declare   | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  |  |  |  |
|                 | item #1 below, report all su<br>e time frame for disclosure i   | •  | ed in this manuscript without time limit. For all other items   |  |  |  |
|                 |   | Name all entities with   | Specifications/Comments   |  |  |  |
|                 |   | whom you have this   | (e.g., if payments were made to you or to your  |  |  |  |
|                 |   | relationship or indicate   | institution)  |  |  |  |
|                 |   | none (add rows as  |   |  |  |  |
|                 |   | needed)  |   |  |  |  |
|                 |   | Time frame: Since the initia   | al planning of the work   |  |  |  |
| L               | All support for the present   | X None   |   |  |  |  |
|                 | manuscript (e.g., funding,  |  |   |  |  |  |
|                 | provision of study materials,   |  |   |  |  |  |
|                 | medical writing, article  |  |   |  |  |  |
|                 | processing charges, etc.)   |  |   |  |  |  |
|                 | No time limit for this item.  |  |   |  |  |  |
|                 |   |  |   |  |  |  |
|                 |   |  |   |  |  |  |
|                 |   | Time frame: pas  | t 36 months   |  |  |  |
| 2               | Grants or contracts from  | XNone  |   |  |  |  |
|                 | any entity (if not indicated  |  |   |  |  |  |
|                 | in item #1 above).  |  |   |  |  |  |
| 3               | Royalties or licenses   | XNone  |   |  |  |  |
|                 |   |  |   |  |  |  |

| 5   | Payment or honoraria for                           | XNone                         |              |
|-----|--|-------------------------------|--------------|
|     | lectures, presentations,                           |                               |              |
|     | speakers bureaus,                                  |                               |              |
|     | manuscript writing or                              |                               |              |
|     | educational events                                 |                               |              |
| 6   | Payment for expert testimony                       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 7   | Support for attending meetings and/or travel       | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 8   | Patents planned, issued or                         | XNone                         |              |
|     | pending  |                               |              |
|     |  |                               |              |
| 9   | Participation on a Data                            | XNone                         |              |
|     | Safety Monitoring Board or                         |                               |              |
|     | Advisory Board                                     |                               |              |
| 10  | Leadership or fiduciary role                       | XNone                         |              |
|     | in other board, society,                           |                               |              |
|     | committee or advocacy                              |                               |              |
|     | group, paid or unpaid                              |                               |              |
| 11  | Stock or stock options                             | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| 12  | Receipt of equipment,<br>materials, drugs, medical | X_None                        |              |
|     |  |                               |              |
|     | writing, gifts or other                            |                               |              |
|     | services   |                               |              |
| 13  | Other financial or non-<br>financial interests     | XNone                         |              |
|     |  |                               |              |
|     |  |                               |              |
| Ple | ease summarize the above co                        | onflict of interest in the fo | llowing box: |
|     | None.  |                               |              |
| L   |  |                               |              |