

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Yan-Qin

2. Surname (Last Name)

Sun

3. Date

28-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Yong-Ping Jia

5. Manuscript Title

The Clinical Effects of a New Management Mode for Hypertensive Patients: a randomized controlled trial

6. Manuscript Identifying Number (if you know it)

CDT-20-589

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Section 4.

Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No

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Section 6. Disclosure Statement

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Dr. Sun has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Yong-Ping

2. Surname (Last Name)
Jia

3. Date
28-September-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
The Clinical Effects of a New Management Mode for Hypertensive Patients: a randomized controlled trial

6. Manuscript Identifying Number (if you know it)
CDT-20-589

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ji-Yuan	2. Surname (Last Name) Lv	3. Date 28-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yong-Ping Jia
5. Manuscript Title The Clinical Effects of a New Management Mode for Hypertensive Patients: a randomized controlled trial		
6. Manuscript Identifying Number (if you know it) CDT-20-589		

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1. Given Name (First Name) Gui-Jin	2. Surname (Last Name) Ma	3. Date 28-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yong-Ping Jia
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