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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
ß	Royalties or licenses	None	
4	Consulting fees	None	

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

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6	educational events		
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	testimony		
7	Support for attending	None	
/	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
ß	Royalties or licenses	None	
4	Consulting fees	None	

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

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manuscript only.

The author's relationships/activities/interests should be <u>defined</u> <u>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)	
	Tim	e 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.	None		
	Time frame: past 36 months			

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

None

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.

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3	Royalties or licenses	None	
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	speakers bureaus,		
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6	Payment for expert	None	
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7	Support for attending	None	
/	meetings and/or travel		
8	Patents planned, issued or	None	
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10		None	
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