ICMJE DISCLOSURE FORM

Date: March 31, 2022 Your Name: Hata Mujadzic

Manuscript Title: Biomarkers in Non-communicable diseases: Hypertension

Manuscript number (if known): Not Available

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

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5		XNone	

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educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box:						
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None						
	IN	None				

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Please place an "X" next to the following statement to indicate your agreement:

ICMJE DISCLOSURE FORM

Date: 3/30/22	
Your Name: Jamario Skeete	
Manuscript : Biomarkers in non-communicable diseases: Hypertension	
Manuscript number (if known):	

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	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		
	Payment or honoraria for	y None		
	lectures, presentations,	_xNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_xNone		
	testimony			
7	Support for attending meetings and/or travel	_xNone		
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8	Patents planned, issued or	_xNone		
	pending			
0	Participation on a Data	y None		
9	Safety Monitoring Board or	_xNone		
	Advisory Board			
10	Leadership or fiduciary role	x None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_xNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_xNone		
	services			
13	Other financial or non- financial interests	x None		
Plea	Please summarize the above conflict of interest in the following box:			
N	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 qu form.	estions on this

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Date: March 31, 2022

Your Name: Donald J DiPette

Manuscript Title: Biomarkers in Non-communicable diseases: Hypertension

Manuscript number (if known): Not Available

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	lectures, presentations,				
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11	Stock or stock options	X None			
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