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Apr 19, 2022 18:25:13 EDT
American Heart Association Journals

Disclosure Purpose: CIRCRES/2022/320991D

## Summary of Interests

## **Company or Organization**

Entity	Туре
National Heart, Lung, and Blood Institute	Grant / Contract

## Additional Questions:

1. Are you the corresponding author?

No

2. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

3. Was any individual paid to provide professional writing assistance with this manuscript?

No

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No

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