#### **Authors Conflict of Interest Disclosure Questionnaire**



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Association of *APOL1* Risk Alleles with Cardiovascular

Title Disease in African Americans

in the Million Veteran

**Program** 

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#### Instructions for Authors Conflict of Interest Disclosure

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form includes the questions from the International Committee of Medical Journal Editors (ICMJE) Form for Disclosure of Potential Conflicts of Interest and is divided into 6 subsections. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Authors are expected to provide detailed information about all relevant financial interests, activities, relationships, and affiliations (other than those affiliations listed in the title page of the manuscript) including, but not limited to, employment, affiliation, funding and grants received or pending, consultancies, honoraria or payment, speakers bureaus, stock ownership or options, expert testimony, royalties, donation of medical equipment, or patents and copyrights planned, pending, or issued.

# 1. Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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**Royalties:** Funds are coming in to you or your institution due to your patent

# **Section 1. Identifying Information**

Author: Ayush Giri Date: July 12, 2019

☐ I am the Corresponding Author

Manuscript Title: Association of APOL1 Risk Alleles with Cardiovascular Disease in African Americans in the Million Veteran Program

Manuscript Identifying Number: CIRCULATIONAHA/2018/036589R3

## 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)?

No

# Section 3. Relevant Financial Activities Outside the Submitted Work

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use 1 line for each entity; add as many lines as you need by clicking the "Add" button to add a row. Excess rows can be removed by pressing the "Remove" button. You should report relationships that were **present during the 36 months prior to submission**.

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No

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No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, the journal will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, the journal may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement in the box below after you click the "Generate Disclosure Statement" button. Any subsequent changes will also update the disclosure statement automatically after clicking the "Submit" button.

Dr Giri has nothing to disclose.

By completing this form, I confirm that the information reported is accurate. I understand that, where appropriate, this information may be disclosed publicly. I further understand that the American Heart Association, Inc., reserves the right to decline to publish my work if the Organization believes a significant conflict of interest exists.

Ayush Giri

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