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Title	Antihypertensive Medication Adherence and Confirmation of True Refractory Hypertension		
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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.

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# Section 1. Identifying Information

Author: Maciej Tomaszewski

Date: 25-Oct-2019

I am the Corresponding Author

Manuscript Title: Antihypertensive Medication Adherence and Confirmation of True Refractory Hypertension

Manuscript Identifying Number: HYPE201914137R1

## 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)?

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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.

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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 Tomaszewski has nothing to disclose.

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Maciej Tomaszewski

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