

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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 is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Walter

2. Surname (Last Name)
Ambrosius

3. Date
15-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Takeda Pharmaceuticals International, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funded the study.

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ambrosius reports grant support from NIH/NHLBI and non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Alfred

2. Surname (Last Name)
Cheung

3. Date
12-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Cheung reports grant support from the National Institutes of Health during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Cushman

3. Date
15-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Takeda Pharmaceuticals International, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
National Institutes of Health (NIH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trial funded/sponsored by NIH

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Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting about antihypertensive agents, 2013
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting about antihypertensive agents, 2012

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Cushman reports grant support from the National Institutes of Health (NIH) and non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study; and personal fees from Takeda and Novartis outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey

2. Surname (Last Name)
Cutler

3. Date
27-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Heart, Lung, and Blood Institute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide consultation on specific projects as an independent contractor.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Lawrence

2. Surname (Last Name)
Fine

3. Date
21-October-2105

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
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Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Fine reports non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study.

Evaluation and Feedback

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Goff

3. Date
12-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Goff reports grant support from the NIH during the conduct of the study.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Karen

2. Surname (Last Name)
Johnson

3. Date
12-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI/NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds to the University to conduct the SPRINT trial
Takeda Pharmaceuticals International, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi and Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi and Edarbychlor (5% of medication usage in SPRINT)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Johnson reports grant support from the NHLBI/NIH and non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Kimmel

3. Date
21-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Academic Press	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties for book entitled Chronic Renal Disease

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Kimmel reports personal fees from Academic Press outside the submitted work.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Cora

2. Surname (Last Name)
Lewis

3. Date
10-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution
Takeda Pharmaceuticals International	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi and Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi and Edarbychlor (5% of medication usage in SPRINT)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novo Nordisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant funding paid to institution by Novo Nordisk

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lewis reports grant support from the NIH and non-financial support from Takeda Pharmaceuticals International and Arbor Pharmaceuticals during the conduct of the study; and grant support from Novo Nordisk outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Suzanne

2. Surname (Last Name) Oparil

3. Date 12-October-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Jackson Wright, Jr.

5. Manuscript Title A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it) 15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director/PI, UAB Clinical Center Network (Sites: 400+); Site PI: Calhoun, David A. (Clinical Site: 403 – BHM HTN Clinic); Oparil role - Director/UAB Hypertension Program; sub-investigator (403) - SPRINT (Systolic Blood Pressure Intervention Trial): A randomized controlled trial designed to test the hypothesis that lowering systolic blood pressure to 100mm Hg will result in a reduction in cardiovascular disease and renal endpoints, cardiovascular mortality, and decline in cognitive function compared to treatment to a level of 140mm Hg.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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 one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Forest Laboratories, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular expert panel (2014); Scientific advisory board
Medtronic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Member, Symplicity HTN-3 Trial, Steering Committee (2012-2013); Co-Chair, "Power Over Pressure" (POP) Global Awareness Program, Steering Committee (2011-2012); Sub-Investigator, clinical site clinical trial (ended 1st QTR 2014), Symplicity HTN-3 (Medtronic Ardian); Non-financial administrative Support in role as: Co-Chair, "Power Over Pressure" (POP) Global Awareness Program
Amgen (Onyx – Subsidiary)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac focused expert panel (2015); Scientific advisory board
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure focused panel (2014); Scientific advisory board; Site PI - randomized, double-blind, parallel group, multi-center phase III study
Bayer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resistant Hypertension (2013); Scientific advisory board; Site PI - randomized, double-blind, double-dummy, multi-center study (heart failure)
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular scientific advisory board
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COPD/history or risk of cardiovascular co-morbidities expert panel (2015); Scientific Advisory Board
Merck and Co.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site PI - randomized, placebo controlled clinical trial to evaluate cardiovascular outcomes
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sponsor: Brigham & Women's Hospital, Center for CVD Prevention; Role: Sub-Investigator (Site PI: Hage) Randomized, Double-blind, Placebo-controlled, Event-driven Trial

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-Investigator (Site PI: Hage) randomized, double-blind, placebo-controlled, event-driven trial
Arbor Pharmaceuticals, LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational grant (2014) – Annual Vascular Biology & Hypertension Symposium

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Co-chair (JNC 8): "Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8), Co-Chair, 2007-2013 (JAMA 311(5):507-520, 2014).

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

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Dr. Oparil reports grant support from the NIH/NHLBI during the conduct of the study; grant support from Merck and Co., the NIH/NHLBI, Novartis, and Arbor Pharmaceuticals, LLC, grant support and personal fees from AstraZeneca and Bayer, grant support, personal fees and non-financial support from Medtronic, and personal fees from Forest Laboratories, Inc., Amgen (Onyx – Subsidiary), Boehringer Ingelheim, and GlaxoSmithKline outside the submitted work. In addition, Dr. Oparil was co-chair (JNC 8): "Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8), and Co-Chair, 2007-2013 (JAMA 311(5):507-520, 2014).

Evaluation and Feedback

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4. Intellectual Property.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mahboob

2. Surname (Last Name)
Rahman

3. Date
19-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda Pharmaceuticals International, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rahman reports grant support from the NIH and non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study.

Evaluation and Feedback

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dave 2. Surname (Last Name) Reboussin 3. Date 10-October-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Takeda Pharmaceuticals International, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
NHBLI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sponsor, provided all funds for the study

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 one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Reboussin reports grant support from the NHBLI and non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael 2. Surname (Last Name) Rocco 3. Date 11-October-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution
Takeda Pharmaceuticals International, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kaycee

2. Surname (Last Name) Sink

3. Date 21-October-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name Jackson Wright, Jr

5. Manuscript Title A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it) 15-11939

Section 2. The Work Under Consideration for Publication

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid to institution
Takeda Pharmaceuticals International	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)
Arbor Pharmaceuticals, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supply of Edarbi & Edarbychlor (5% of medication usage in SPRINT)

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Sink reports grant support from the NIH, and non-financial support from Takeda Pharmaceuticals International and Arbor Pharmaceuticals, LLC, during the conduct of the study.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joni

2. Surname (Last Name)
Snyder

3. Date
15-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Ms. Snyder reports non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study.

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4. Intellectual Property.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Whelton

3. Date
21-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Whelton reports non-financial support from Takeda Pharmaceuticals International, Inc., and Arbor Pharmaceuticals, LLC, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeff

2. Surname (Last Name)
Williamson

3. Date
10-October-2015

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jackson Wright, Jr.

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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.)?

Are there any relevant conflicts of interest? Yes No

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National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication provided to NIH for the trial
Arbor Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication provided to NIH for the trial

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Dr. Williamson reports grant support from the National Institutes of Health and non-financial support from Takeda Pharmaceuticals and Arbor Pharmaceuticals during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jackson

2. Surname (Last Name)
Wright, Jr.

3. Date
13-October-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Randomized Trial of Intensive versus Standard Blood Pressure Control

6. Manuscript Identifying Number (if you know it)
15-11939

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Are there any relevant conflicts of interest? Yes No

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