ICMJE DISCLOSURE FORM

Date: April 30, 2021

Your Name: Zhenquan Wang

Manuscript Title: Clinical follow-up study of 166 cases of children with hypertension

Manuscript number (if known): TP-20-446

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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)** No time limit for this item. | __X__ None                                                                                |

**Time frame: Since the initial planning of the work**

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | __X__ None                                                                                |
| 3 | Royalties or licenses                                                                          | __X__ None                                                                                |
| 4 | Consulting fees                                                                               | __X__ None                                                                                |

**Time frame: past 36 months**
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                 | X None |
| 8 | Patents planned, issued or pending                                          | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                      | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                                  | X None |

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Date: ____April 30, 2021____
Your Name: __Yiping Shao__
Manuscript Title: __Clinical follow-up study of 166 cases of children with hypertension__
Manuscript number (if known): __TP-20-446__

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|---|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | **No time limit for this item.** |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__ None |
|   | **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None |
| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
|   | Description                                                                 | _X_ None |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                   | _X_ None |

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None.

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Date: ___April 30, 2021___
Your Name: __JiaHui Jin__
Manuscript Title: __Clinical follow-up study of 166 cases of children with hypertension__
Manuscript number (if known): __TP-20-446__

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|---|--------------------------------------------------|
|2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

|   | Time frame: past 36 months |
|---|---------------------------|
|3 | Royalties or licenses | _X_ None |
|4 | Consulting fees | _X_ None |
|   | Description                                                                 | _X_ None |
|---|------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                 | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                           | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                        | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                    | _X_ None |

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Date: April 30, 2021
Your Name: Xing Rong
Manuscript Title: Clinical follow-up study of 166 cases of children with hypertension
Manuscript number (if known): TP-20-446

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|   | **Time frame: Since the initial planning of the work**                                           |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X_ None |
| 3 | Royalties or licenses                                                                           | _X_ None |
| 4 | Consulting fees                                                                                 | _X_ None |
|   | **Time frame: past 36 months**                                                                  |                                                                                  |
|   | Please summarize the above conflict of interest in the following box: |
|---|---|
|   | None. |

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* _X_  I certify that I have answered every question and have not altered the wording of any of the questions on this form.*
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Date: ___April 30, 2021__________________________
Your Name: __Huixian Qiu__________________________________________________________
Manuscript Title: __Clinical follow-up study of 166 cases of children with hypertension________
Manuscript number (if known): __TP-20-446 __________________________________________

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|   | No time limit for this item.                                                                    |                                                                                   |
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|   |                                                                                                 |                                                                                   |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | ___X__ None                                                                        |
| 3 | Royalties or licenses                                                                           | ___X__ None                                                                        |
| 4 | Consulting fees                                                                                 | ___X__ None                                                                        |
|   | Description                                                                 | Choice |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                               | _X_ None |
| 7 | Support for attending meetings and/or travel                               | _X_ None |
| 8 | Patents planned, issued or pending                                         | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                     | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                  | _X_ None |

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Date:____April 30, 2021____
Your Name:__Rongzhou Wu__________________________
Manuscript Title:__Clinical follow-up study of 166 cases of children with hypertension________
Manuscript number (if known):__TP-20-446 ______________________________

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| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ___X__None | ___X__None |
|      | No time limit for this item. | | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ___X__None | |
| 3    | Royalties or licenses | ___X__None | |
| 4    | Consulting fees | ___X__None | |

Specifications/Comments (e.g., if payments were made to you or to your institution)

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|   |                                                                 |   |
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| 7 | Support for attending meetings and/or travel                      | _X_ None |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
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|11 | Stock or stock options                                           | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
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Date: ____April 30, 2021______________________________

Your Name: __Maoping Chu______________________________

Manuscript Title: __Clinical follow-up study of 166 cases of children with hypertension________

Manuscript number (if known): __TP-20-446 ________________________________

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**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|

**Time frame: past 36 months**

|   |   |   |
|---|---|---|

2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

3 | Royalties or licenses | _X_ None |

4 | Consulting fees | _X_ None |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ⌂None ⌂ |
| 6 | Payment for expert testimony                                                 | ⌂None ⌂ |
| 7 | Support for attending meetings and/or travel                                  | ⌂None ⌂ |
| 8 | Patents planned, issued or pending                                            | ⌂None ⌂ |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | ⌂None ⌂ |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ⌂None ⌂ |
| 11| Stock or stock options                                                        | ⌂None ⌂ |
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