ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Lin

2. Surname (Last Name)  
Zhao

3. Date  
25-October-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Zhou Xian-Liang

5. Manuscript Title  
Prehypertension and the cardiovascular system: Effects and Potential pathogenic mechanisms

6. Manuscript Identifying Number (if you know it)  
ATM-20-5482-R1

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Dr. Zhao has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Xu
2. Surname (Last Name) Meng
3. Date 25-October-2020
4. Are you the corresponding author?  
   Yes ☐  No ☑
   [Corresponding Author's Name]
   Zhou Xian-Liang

5. Manuscript Title
   Prehypertension and the cardiovascular system: Effects and Potential pathogenic mechanisms

6. Manuscript Identifying Number (if you know it)
   ATM-20-5482-R1

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Dr. Meng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Qiong-Yu
2. Surname (Last Name)  Zhang
3. Date  25-October-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Zhou Xian-Liang

5. Manuscript Title
Prehypertension and the cardiovascular system: Effects and Potential pathogenic mechanisms

6. Manuscript Identifying Number (if you know it)
ATM-20-5482-R1

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Section 1. Identifying Information

1. Given Name (First Name)  Xue-Qi
2. Surname (Last Name)  Dong
3. Date  25-October-2020
4. Are you the corresponding author?  No

Corresponding Author's Name  Zhou Xian-Liang

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)  ATM-20-5482-R1

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Xian-Liang  
2. Surname (Last Name)  
Zhou  
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25-October-2020  
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☐ No  
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