

ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Olalekan A. Uthman

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

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Date: 3/21/2023

Your Name: Lena Al-Khudairy

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Chidozie Nduka

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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Date: 3/21/2023

Your Name: Rachel Court

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Manuscript Number (if known): NIHR135481

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Date: 3/21/2023

Your Name: Jodie Enderby

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Seun Anjorin

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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.

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ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Dr Hema Mistry

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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.

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ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: G.J. Melendez-Torres

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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ICMJE DISCLOSURE FORM

Date: 3/21/2023

Your Name: Sian Taylor-Phillips

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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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.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/1/2023

Your Name: Click or tap here to enter text.

Manuscript Title: Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews

Manuscript Number (if known): NIHR135481

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