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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	No.	one	
Plea	-		llowing statement to indicate your agreeme	

Date:			3/21/2023		
Your Name: Manuscript Title:			Lena Al-Khudairy Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews		
Mar	nuscript Number (if k	known):	NIHR135481		
contaffe indicate The epide	tent of your manuscr cted by the content of cate a bias. If you are author's relationship	ript. "Rela of the man e in doubt os/activitions	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For our a should declare all relationships with manuf	/interest, it is preferable that you do so.	
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	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.	NIHR fu	inded this study ional Institute for Health Research (NIHR) I Research Collaboration (ARC) West ds [grant number NIHR200165	Payment to institution Payment to institution Click the tab key to add additional rows.	
			Time frame: past 36 month	ns .	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Nihr	one	Health technology appraisal, HTA co-ap	
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4	Consulting fees	None None	
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	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
		to the following statement to indicate your agreer	
	I certify that I have	answered every question and have not altered the	vording of any of the questions on this 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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			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
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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	
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11	Stock or stock options	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	-		llowing statement to indicate your agreeme	

Date	e:	3/21/2023			
You	r Name:	Rachel Court	Rachel Court		
Manuscript Title:		Interventions for primary prevention reviews	Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews		
Maı	nuscript Number (if k	nown): NIHR135481			
con affe indi The epic	tent of your manuscri ected by the content of cate a bias. If you are author's relationship demiology of hyperter	pt. "Related" means any relation with for-profit the manuscript. Disclosure represents a continuous in doubt about whether to list a relationship s/activities/interests should be defined broad	/activities/interests listed below that are related to the ofit or not-for-profit third parties whose interests may be mmitment to transparency and does not necessarily /activity/interest, it is preferable that you do so. Ily. For example, if your manuscript pertains to the h manufacturers of antihypertensive medication, even if		
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	(NIHR)	number 17/148/05 Click the tab key to add additional rows.		

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4	Consulting fees	None None	
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	

		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)		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
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Date:			3/21/2023		
You	r Name:		Jodie Enderby		
Manuscript Title:			Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews		
Maı	nuscript Number (if k	(nown):	NIHR135481		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
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	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
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			Time frame: Since the initial planning	of the work	
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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
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	

		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)	
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	⊠ None		
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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

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		Time frame: past 36 month	S
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4	Consulting fees	None None	
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	

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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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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

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Mone member of the HTA General Committee	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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Date:			3/21/2023		
Your Name:			G.J. Melendez-Torres		
Manuscript Title:			Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews		
Mar	nuscript Number (if I	known):	NIHR135481		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ript. "Rela of the mar e in doubt ps/activitie ension, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. rt for the work reported in this manuscript without time limit. For all other items, the time		
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			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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 None	

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11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			3/21/2023		
Your Name:			Sian Taylor-Phillips		
Manuscript Title:			Interventions for primary prevention of cardiovascular disease: umbrella review of systematic reviews		
Mar	uscript Number (if k	nown):	NIHR135481		
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epid	•	nsion, y		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
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			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g.,	[□ NIHR	None		
	present manuscript (e.g., funding, provision		None	Funding for this work	
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIHR	Time frame: past 36 month None r Development Fellowship [reference	Funding for this work Click the tab key to add additional rows.	
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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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 None	

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13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this 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		
Mar	nuscript Number (if k	known):	NIHR135481		
contaffe indicate The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hypertent medication is not me	ript. "Rela of the man e in doubt os/activition entioned all suppor	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For a should declare all relationships with manuf in the manuscript.		
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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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.	NIHR fu the Nat Applied	nded this study ional Institute for Health Research (NIHR) Research Collaboration (ARC) West ds [grant number NIHR200165	Payment to institution Payment to institution Click the tab key to add additional rows.	
			Time frame: past 36 month	is	
2	Grants or contracts from any entity (if not indicated in item	⊠ No	one		
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7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of board of Picker Institute Chair of Sheila Kitzinger Programme, Green Templeton College, Oxford Was a member of the SRP - Cochrane Programme Grant Funding Meeting

		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)	
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