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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)  
Akinsanya

3. Date  
02-September-2015

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

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
15-07652

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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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.

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<th>Non-Financial Support?</th>
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<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>I am employed by Merck &amp; Co Inc. in the research labs.</td>
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</table>

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?

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Section 6. Disclosure Statement

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Dr. Akinsanya reports personal fees from Merck outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alaa

2. Surname (Last Name)  
   Al Qarawi

3. Date  
   06-September-2015

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

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Mr. Al Qarawi has nothing to disclose.

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1. Given Name (First Name)  
Maris

2. Surname (Last Name)  
Alver

3. Date  
28-August-2015

4. Are you the corresponding author?  
[ ] Yes  [✓] No

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
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   Diego

2. Surname (Last Name)  
   Ardissino

3. Date  
   03-September-2015

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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<tr>
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Dr. Ardissino reports grant support from Menarini and Sanofi-Aventis; grant support and personal fees from Daiichi-Sankyo; grant support, personal fees, and non-financial support from AstraZeneca, Bayer, GlaxoSmithKline, Eli Lilly & Company, Pfizer, and Novartis; and personal fees from Boehringer Ingelheim, Johnson & Johnson, Boston Scientific, Bristol-Myers Squibb outside the submitted work.

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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)  
   Folkert

2. Surname (Last Name)  
   Asselbergs

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
[ ] Yes  
✔ No

### Section 3. Relevant financial activities outside the submitted work.

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[ ] Yes  
✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Asselbergs 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)  
   Rosanna  

2. Surname (Last Name)  
   Asselta  

3. Date  
   31-August-2015  

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Nathan Stitziel  

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  

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Dr. Asselta 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)  
   Paul

2. Surname (Last Name)  
   Auer

3. Date  
   09-September-2015

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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   [x] Yes  [ ] No  
If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Auer reports grant support from the NIH/NHLBI 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)  
   Erwin

2. Surname (Last Name)  
   Bottinger

3. Date  
   29-September-2015

4. Are you the corresponding author?  
   ☑ Yes

   Corresponding Author’s Name
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

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Dr. Bottinger has nothing to disclose.

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Braund
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Braund

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27-August-2015

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☐ Yes  ☑ No

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Dr. Braund has nothing to disclose.

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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)  
   Adam

2. Surname (Last Name)  
   Butterworth

3. Date  
   07-October-2015

4. Are you the corresponding author?  
   Yes ☑️  No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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.)?  
Yes ☑️  No

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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

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Dr. Butterworth reports grant support from the UK Medical Research Council, the British Heart Foundation, the UK National Institute of Health Research, the NIHR Cambridge Comprehensive Biomedical Research Centre, the European Commission Framework Programme, Pfizer, Merck, and Novartis during the conduct of the study.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Chasman

3. Date  
   26-August-2015

4. Are you the corresponding author?  
   Yes [✓] No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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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   Exome chip genotyping in the WGHS was funded by Amgen without restriction on analysis or publication

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Dr. Chasman reports grant support from Amgen 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)  
   Rajiv

2. Surname (Last Name)  
   Chowdhury

3. Date  
   28-August-2015

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name
   Nathan Stitziel

5. Manuscript Title  
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**Section 1. Identifying Information**

1. **Given Name (First Name)** John
2. **Surname (Last Name)** Danesh
3. **Date** 27-August-2015
4. **Are you the corresponding author?** ☑ Yes  ❌ No
   
   **Corresponding Author’s Name**
   Nathan Stitziel

5. **Manuscript Title**
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<td>UK Biobank</td>
<td>✔</td>
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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
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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✔ 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. Danesh reports grant support from the UK Medical Research Council, the British Heart Foundation, the UK National Institute of Health Research, the NIHR Cambridge Comprehensive Biomedical Research Centre, the European Commission Framework Programme, Pfizer, Merck, and Novartis during the conduct of the study; grant support from the British Heart Foundation, the BUPA Foundation, the European Research Council, the European Union, the Evelyn Trust, the Fogarty International Centre, GlaxoSmithKline, Merck, the National Heart, Lung and Blood Institute, the National Institute for Health Research, the National Institute of Neurological Disorders and Stroke, the NHS Blood and Transplant, the UK Medical Research Council, the University of British Columbia, the University of Sheffield, the Wellcome Trust, and UK Biobank; grant support and personal fees from Pfizer, and Novartis; grant and non-financial support from diaDexus; personal fees from Merck Sharp & Dohme, Sanofi; and non-financial support from Roche outside the submitted work.

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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)**
   - Panos

2. **Surname (Last Name)**
   - Deloukas

3. **Date**
   - 29-September-2015

4. **Are you the corresponding author?**
   - [ ] Yes
   - ✔ No

   **Corresponding Author’s Name**
   - Nathan Stitziel

5. **Manuscript Title**
   - Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. **Manuscript Identifying Number (if you know it)**
   - 15-07652

### 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

### 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. Deloukas 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)  Joshua
2. Surname (Last Name)  Denny
3. Date  21-September-2015
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

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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Section 4. Intellectual Property -- Patents & Copyrights

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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)  Ron
2. Surname (Last Name)  Do
3. Date  20-September-2015
4. Are you the corresponding author?  No
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

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.)?  No

Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Do 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)**
   - Alexander
2. **Surname (Last Name)**
   - Doney
3. **Date**
   - 07-October-2015
4. **Are you the corresponding author?**
   - [ ] Yes  ✔ No
   - Corresponding Author’s Name
   - Nathan Stitziel
5. **Manuscript Title**
   - Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. **Manuscript Identifying Number (if you know it)**
   - 15-07652

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Are there any relevant conflicts of interest?  [ ] Yes  ✔ No

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Are there any relevant conflicts of interest?  [ ] Yes  ✔ No

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Dr. Doney has nothing to disclose.

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Donnelly
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Louise

2. Surname (Last Name)  
   Donnelly

3. Date  
   30-September-2015

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ✔ No

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   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Donnelly 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)  
   Marie-Pierre

2. Surname (Last Name)  
   Dubé

3. Date  
   26-August-2015

4. Are you the corresponding author?  
   Yes ✔

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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Are there any relevant conflicts of interest?  
Yes ✔

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Are there any relevant conflicts of interest?  
Yes ✔

If yes, please fill out the appropriate information below.

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Dr. Dubé reports grant support from AstraZeneca; grant support, personal fees, and other support from Hoffmann La Roche, personal fees and other support from DalCor and Xenon; and non-financial support from Pfizer and Servier 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)  
   Stefano

2. Surname (Last Name)  
   Duga

3. Date  
   31-August-2015

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

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Duga 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)  
Georg

2. Surname (Last Name)  
Ehret

3. Date  
19-October-2015

4. Are you the corresponding author?  

☐ Yes  ✓ No

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Ehret has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nour Eddine

2. Surname (Last Name)  
   El Mokhtari

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Raimund

2. Surname (Last Name)  
   Erbel

3. Date  
   27-August-2015

4. Are you the corresponding author?  
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   Corresponding Author's Name  
   Nathan Stitziel

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Are there any relevant conflicts of interest?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) Jeanette
2. Surname (Last Name) Erdmann
3. Date 27-August-2015
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name Nathan Stitziel
5. Manuscript Title Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it) 15-07652

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Dr. Erdmann 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)  
   Stefan A  

2. Surname (Last Name)  
   Escher  

3. Date  
   02-September-2015  

4. Are you the corresponding author?  
   Yes ✔  No  

   Corresponding Author’s Name  
   Nathan Stitziel  

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  

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Dr. Escher has nothing to disclose.

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1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Farrall

3. Date  
   27-August-2015

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

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
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✔ 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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Dr. Farrall reports grant support from the British Heart Foundation, the European Union framework programme, and the Wellcome Trust during the conduct of the study.

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1. Given Name (First Name)  Marco
2. Surname (Last Name)  Ferrario
3. Date  31-August-2015
4. Are you the corresponding author?  Yes  ✔  No
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Paola Gloria  

2. Surname (Last Name)  
   Ferrario  

3. Date  
   31-August-2015  

4. Are you the corresponding author?  
   ✔ No  

Corresponding Author’s Name  
Nathan Stitziel  

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  

6. Manuscript Identifying Number (if you know it)  
15-07652

## 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?  
✔ No

## Section 3. Relevant financial activities outside the submitted work.

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✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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.

Ms. Ferrario has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ian

2. Surname (Last Name)  
   Ford

3. Date  
   04-September-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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Disclosure Statement

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Dr. Ford 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)  
   Andre

2. Surname (Last Name)  
   Franke

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Franke 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)  
   Paul

2. Surname (Last Name)  
   Franks

3. Date  
   28-August-2015

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Franks has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Domenico

2. Surname (Last Name)  
   Girelli

3. Date  
   28-August-2015

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
Yes ✔  No

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Dr. Girelli reports grant support from the CariVerona Foundation 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)  
   Anuj

2. Surname (Last Name)  
   Goel

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

**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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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?  
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   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

Mr. Goel has nothing to disclose.

**Evaluation and Feedback**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Omri  

2. Surname (Last Name)  
Gottesman  

3. Date  
26-August-2015  

4. Are you the corresponding author?  
✔ No  

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  

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Are there any relevant conflicts of interest?  
✔ No  

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If yes, please fill out the appropriate information below.

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<td>Employee as of March 2015</td>
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</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

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

Gottesman
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Dr. Gottesman reports personal fees from Regeneron Pharmaceuticals 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) Alistair
2. Surname (Last Name) Hall
3. Date 27-August-2015
4. Are you the corresponding author? Yes ☐ No ☑
5. Manuscript Title Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it) 15-07652

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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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 ☑
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Dr. Hall 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) Stefanie
2. Surname (Last Name) Heilmann
3. Date 26-August-2015
4. Are you the corresponding author? [ ] Yes ☑ No
   Corresponding Author’s Name Nathan Stitziel

5. Manuscript Title
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
   15-07652

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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Section 4. Intellectual Property -- Patents & Copyrights

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**Section 6. Disclosure Statement**

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Dr. Heilmann has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  
Christian

2. Surname (Last Name)  
Hengstenberg

3. Date  
27-August-2015

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
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Dr. Hengstenberg has nothing to disclose.

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<td>Hoffmann</td>
<td>27-August-2015</td>
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   - No  [✓]

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Nathan Stitziel

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Are there any relevant conflicts of interest?  
   - Yes  [ ]  
   - No  [✓]

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   - 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. Hoffmann has nothing to disclose.

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

5. Manuscript Title  
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### Section 1. Identifying Information

1. Given Name (First Name)  
   G. Kees

2. Surname (Last Name)  
   Hovingh

3. Date  
   27-August-2015

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

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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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.

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Yes [✔]  No [☐]

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Dr. Hovingh reports grant support from the Netherlands Organisation for Scientific Research (NWO) during the conduct of the study; grant support from Synageva and AstraZeneca, grant support and personal fees from Amgen and Sanofi, and personal fees from Pfizer and Eli Lilly outside the submitted work.
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1. Given Name (First Name)  Joanna
2. Surname (Last Name)  Howson
3. Date  24-September-2015

4. Are you the corresponding author?  
   □ Yes  ✔ No
Corresponding Author's Name
   Nathan Stitziel

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Rebecca

2. Surname (Last Name)  
   Jackson

3. Date  
   02-OCTOBER-2015

4. Are you the corresponding author?  
   [ ] Yes   [X] No
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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   [X] No

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   [ ] Yes   [X] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Jackson has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jan-Håkan
2. Surname (Last Name)  Jansson
3. Date  27-August-2015
4. Are you the corresponding author?  Yes [x]  No
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No [x]

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Are there any relevant conflicts of interest?  Yes  No [x]

Section 4. Intellectual Property -- Patents & Copyrights

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

Jansson
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Dr. Jansson 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)  Karl-Heinz
2. Surname (Last Name)  Jöckel
3. Date  27-August-2015
4. Are you the corresponding author?  Yes  ✔ No
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jöckel 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)  J. Wouter
2. Surname (Last Name)  Jukema
3. Date  03-September-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Nathan Stitziel
5. Manuscript Title
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)
   15-07652

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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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
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stavroula</td>
<td>Kanoni</td>
<td>27-August-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  ✔  No

Corresponding Author’s Name
Nathan Stitziel

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
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## The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ✔  No

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## Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kanoni 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)  Adnan
2. Surname (Last Name)  Kastrati
3. Date  27-August-2015
4. Are you the corresponding author?  \(\checkmark\) No
5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
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15-07652

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  \(\checkmark\) No
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Dr. Kastrati has nothing to disclose.

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1. Given Name (First Name)  
   Sekar

2. Surname (Last Name)  
   Kathiresan

3. Date  
   30-September-2015

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Yes

No

If yes, please fill out the appropriate information below.

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Dr. Kathiresan reports grant support from Regeneron and Bayer, grant support and personal fees from Aegerion, personal fees from Regeneron Genetics Center, Merck, Celera, Novartis, Bristol-Myers Squibb, Sanofi, AstraZeneca, Alnylam, Eli Lilly, and Leerink Partners, personal fees and other support from Catabasis, and other support from San Therapeutics outside the submitted work.
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<td>Kee</td>
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4. Are you the corresponding author? [ ] Yes [x] No

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<th>Corresponding Author’s Name</th>
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<td>Nathan Stitziel</td>
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5. Manuscript Title
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   Thorsten

2. **Surname (Last Name)**  
   Kessler

3. **Date**  
   22-September-2015

4. **Are you the corresponding author?**  
   [ ] Yes  ✔ No

   **Corresponding Author’s Name**  
   Nathan Stitziel

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   Inke

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   König

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   27-August-2015

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   Nathan Stitziel

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Dr. König reports grant support from the German Federal Ministry of Education and Research (BMBF) 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) Charles
2. Surname (Last Name) Kooperberg
3. Date 27-August-2015
4. Are you the corresponding author? ☑ No
      Corresponding Author’s Name Nathan Stitziel
5. Manuscript Title Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it) 15-07652

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

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Are there any relevant conflicts of interest? ☑ No

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Dr. Kooperberg 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)  Aldi
2. Surname (Last Name)  Kraja
3. Date  16-October-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Nathan Stitziel
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

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Dr. Kraja 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)  
   William

2. Surname (Last Name)  
   Kraus

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kraus 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)  Jennifer
2. Surname (Last Name)  Kriebel

4. Are you the corresponding author?  ✔ No

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
15-07652

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Dr. Kriebel 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)  Jochen
2. Surname (Last Name)  Kruppa
3. Date  27-August-2015
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**Section 1. Identifying Information**

<table>
<thead>
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<th>1. Given Name (First Name)</th>
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<tr>
<td>Kari</td>
<td>Kuulasmaa</td>
<td>28-August-2015</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
15-07652

**Section 2. The Work Under Consideration for Publication**

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- Yes  
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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

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Dr. Kuulasmaa 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)  Karl-Ludwig
2. Surname (Last Name)  Laugwitz
3. Date  22-September-2015
4. Are you the corresponding author?  ✔ No
   Corresponding Author’s Name  Nathan Stitziel
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

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Are there any relevant conflicts of interest?  ✔ No

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<tr>
<th>1. Given Name (First Name)</th>
<th>Louis-Philippe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Lemieux Perreault</td>
</tr>
<tr>
<td>3. Date</td>
<td>27-August-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
15-07652

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   - No  ✔

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Dr. Lemieux Perreault 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) Wolfgang
2. Surname (Last Name) Lieb
3. Date 27-August-2015
4. Are you the corresponding author? Yes No
5. Manuscript Title Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it) 15-07652

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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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
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Section 1. Identifying Information

1. Given Name (First Name)  
Chunyu

2. Surname (Last Name)  
Liu

3. Date  
03-October-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ruth

2. Surname (Last Name)  
   Loos

3. Date  
   26-August-2015

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yingchang
2. Surname (Last Name)  Lu
3. Date  21-September-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Nathan Stitziel

5. Manuscript Title
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
   15-07652

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Dr. Lu 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)  
   Anubha

2. Surname (Last Name)  
   Mahajan

3. Date  
   28-August-2015

4. Are you the corresponding author?  
   ☐ Yes  ✔ No  
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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Dr. Mahajan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Eirini
2. Surname (Last Name)    Marouli
3. Date                   27-August-2015
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
Nathan Stitziel

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
15-07652

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Section 1. Identifying Information

1. Given Name (First Name)  Nicola
2. Surname (Last Name)  Martinelli
3. Date  07-September-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Nathan Stitziel
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

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<td>Nicola</td>
<td>Marziliano</td>
<td>02-September-2015</td>
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<td>4. Are you the corresponding author?</td>
<td>5. Manuscript Title</td>
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<td>No</td>
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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)**
   - Nicholas

2. **Surname (Last Name)**
   - Masca

3. **Date**
   - 08-October-2015

4. **Are you the corresponding author?**
   - Yes ☑ No

   **Corresponding Author’s Name**
   - Nathan Stitziel

5. **Manuscript Title**
   - Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. **Manuscript Identifying Number (if you know it)**
   - 15-07652

### 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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Dr. Masca has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Mark

2. Surname (Last Name)
   McCarthy

3. Date
   21-September-2015

4. Are you the corresponding author?
   Yes No

   Corresponding Author’s Name
   Nathan Stitziel

5. Manuscript Title
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
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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.

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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. McCarthy reports grant support, personal fees and other support from Pfizer, Novo Nordisk, and Eli Lilly, and grant and other support from Janssen, AstraZeneca, Sanofi, Boehringer Ingelheim, Merck, Roche, and Servier outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Ruth

2. Surname (Last Name)  
   McPherson

3. Date  
   26-August-2015

4. Are you the corresponding author?  
   Yes ✔  No

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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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.

<table>
<thead>
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Dr. McPherson reports grant support from the Canadian Institutes of Health Research during the conduct of the study.

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<tr>
<td>Christa</td>
<td>Meisinger</td>
<td>02-September-2015</td>
</tr>
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</table>

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

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
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Dr. Meisinger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Meitinger

3. Date  
   22-September-2015

4. Are you the corresponding author?  
   ✔ No
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Are there any relevant conflicts of interest?  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Meitinger 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) Olle
2. Surname (Last Name) Melander
3. Date 01-October-2015
4. Are you the corresponding author? ☑ No
5. Manuscript Title Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it) 15-07652

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Piera Angelica

2. Surname (Last Name)  
   Merlini

3. Date  
   20-September-2015

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Andres

2. Surname (Last Name)  
Metspalu

3. Date  
27-August-2015

4. Are you the corresponding author?  
[ ] Yes  ✔ No  
Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name) Evelin
2. Surname (Last Name) Mihailov
3. Date 28-August-2015
4. Are you the corresponding author? ☐ Yes ✔ No
   Corresponding Author’s Name
   Nathan Stitziel

5. Manuscript Title
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Ms. Mihailov has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Susanne</td>
<td>Moebus</td>
<td>27-August-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
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   - No ✔

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Nathan Stitziel

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Dr. Moebus 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)  Andrew
2. Surname (Last Name)    Morris
3. Date                     01-September-2015

4. Are you the corresponding author?     Yes   ✔  No

Corresponding Author’s Name
Nathan Stitziel

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
15-07652

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Martina
2. Surname (Last Name) Müller-Nurasyid
3. Date 01-September-2015

4. Are you the corresponding author? Yes ❑ No ❑
   Corresponding Author’s Name Nathan Stitziel

5. Manuscript Title
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Newton-Cheh

3. Date  
   07-September-2015

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

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Dr. Newton-Cheh 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)  Majid
2. Surname (Last Name)  Nikpay
3. Date  26-August-2015
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

Corresponding Author’s Name  Nathan Stitziel

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Dr. Nordestgaard 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)  
   Oliviero

2. Surname (Last Name)  
   Olivieri

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes [✓]  No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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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   Yes [✓]  No

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<th>Name of Entity</th>
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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

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. Olivieri reports grant support from the Fondazione CariVerona and Regione Veneto - Italy, both during the conduct of the study and outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Marju

2. Surname (Last Name)  
   Orho-Melander

3. Date  
   30-September-2015

4. Are you the corresponding author?  
   Yes   ☑ No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Orho-Melander has nothing to disclose.

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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Nathan Stitziel

5. Manuscript Title

Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)

15-07652

### Section 2. The Work Under Consideration for Publication

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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 [x] No
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Dr. Palmer 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)  Gina
2. Surname (Last Name)  Peloso
3. Date  27-August-2015

4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Nathan Stitziel

5. Manuscript Title
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)    2. Surname (Last Name)    3. Date
Markus                        Perola                      27-August-2015

4. Are you the corresponding author?    
   Yes    ☐ No    

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

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Dr. Perola has nothing to disclose.

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<tr>
<td>Annette</td>
<td>Peters</td>
<td>29-September-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

**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  
   ✔ No

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

**Section 4. Intellectual Property -- Patents & Copyrights**

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

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✔ 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. Peters has nothing to disclose.

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)  Daniel
2. Surname (Last Name)  Rader
3. Date  04-October-2015
4. Are you the corresponding author?  Yes ☐ No ☑
5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  15-07652

Corresponding Author’s Name  Nathan Stitziel

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Are there any relevant conflicts of interest?  Yes ☐ No ☑

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Are there any relevant conflicts of interest?  Yes ☐ No ☑

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Dr. Rader has nothing to disclose.

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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)  
   Dermot

2. Surname (Last Name)  
   Reilly

3. Date  
   30-September-2015

4. Are you the corresponding author?  
   Yes ☑
   No

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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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Are there any relevant conflicts of interest?  
   Yes ☑
   No
If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
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<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>Employment and equity ownership</td>
</tr>
</tbody>
</table>

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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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Dr. Reilly reports personal fees and other support from Merck, Sharp & Dohme outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Muredach

2. Surname (Last Name)  
Reilly

3. Date  
29-September-2015

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name
Nathan Stitziel

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
15-07652

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Dr. Reilly 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)  
   Alex

2. Surname (Last Name)  
   Reiner

3. Date  
   11-September-2015

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

   Corresponding Author's Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Reiner 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)**  
   Neil

2. **Surname (Last Name)**  
   Robertson

3. **Date**  
   28-August-2015

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - ☑ No

   **Corresponding Author’s Name**  
   Nathan Stitziel

5. **Manuscript Title**  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

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- ☑ No

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Section 6. Disclosure Statement

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Mr. Robertson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Dan
2. Surname (Last Name)  Roden
3. Date  27-August-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Nathan Stitziel

5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  15-07652

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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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. Roden has nothing to disclose.

**Evaluation and Feedback**

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<table>
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<td>Saleheen</td>
<td>06-October-2015</td>
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4. Are you the corresponding author? [ ] Yes [✔] No  

Corresponding Author's Name  
Nathan Stitziel  

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Saleheen has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nilesh

2. **Surname (Last Name)**
   - Samani

3. **Date**
   - 27-August-2015

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. **Manuscript Identifying Number (if you know it)**
   - 15-07652

### Section 2. The Work Under Consideration for Publication

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- Yes
- No

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- 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
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Dr. Samani has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Naveed

2. Surname (Last Name)  
   Sattar

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
   15-07652

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   No

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Dr. Sattar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ursula
2. Surname (Last Name) Schick
3. Date 31-August-2015

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

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
15-07652

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Dr. Schick 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)  
   Heribert

2. Surname (Last Name)  
   Schunkert

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   15-07652

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   Yes  ✔  No

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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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?  
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Dr. Schunkert reports grant support and personal fees from Merck Sharp & Dohme, AstraZeneca, Bayer Vital, Medtronic, Novartis, Sanofi-Aventis, Boehringer Ingelheim, Pfizer, St. Jude, Boston Scientific, and Daiichi-Sankyo, and personal fees from Amgen, Brahms GmbH, Mitsubishi Pharma, Servier, Takeda, Cordis, and Genzyme outside the submitted work.

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<td>2. Surname (Last Name)</td>
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<td>4. Are you the corresponding author?</td>
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Dr. Scott has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Given Name (First Name)**  
   Christian

2. **Surname (Last Name)**  
   Shaffer

3. **Date**  
   27-August-2015

4. **Are you the corresponding author?**  
   Yes ☑

5. **Manuscript Title**  
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Mr. Shaffer 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) | Svati
2. Surname (Last Name) | Shah
3. Date | 01-September-2015
4. Are you the corresponding author? | Yes ✔ No
5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
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Dr. Shah reports grant support from the NIH during the conduct of the study.

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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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<td>2. Surname (Last Name)</td>
<td>Stahl</td>
</tr>
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<td>3. Date</td>
<td>26-August-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ❑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Nathan Stitziel</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>15-07652</td>
</tr>
</tbody>
</table>

## 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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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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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. Stahl has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kathleen

2. Surname (Last Name)  
   Stirrups

3. Date  
   09-September-2015

4. Are you the corresponding author?  
   ✔ No
   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Dr. Stirrups has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Nathan

2. Surname (Last Name)
   Stitziel

3. Date
   26-August-2015

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

5. Manuscript Title
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)
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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.

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Are there any relevant conflicts of interest?  ✔ Yes   ☐ No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<th>Comments</th>
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<td>Grant and travel as part of the Northwestern Cardiovascular Young Investigators Forum</td>
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**Section 4. Intellectual Property -- Patents & Copyrights**

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☑ Yes  ☐ No

**Section 5. Relationships not covered above**

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Dr. Stitziel reports grant support from the National Institutes of Health during the conduct of the study; grant and non-financial support from AstraZeneca, and personal fees from American Genomics and Aegerion Pharmaceuticals outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  Konstantin
2. Surname (Last Name)        Strauch
3. Date                     03-October-2015
4. Are you the corresponding author?  Yes ❑ No

Corresponding Author’s Name
Nathan Stitziel

5. Manuscript Title
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

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Dr. Strauch 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)  
   Praveen

2. Surname (Last Name)  
   Surendran

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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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.)?  

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- Yes  
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jean-Claude

2. Surname (Last Name)  
Tardif

3. Date  
28-August-2015

4. Are you the corresponding author?  
☑️ No

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
15-07652

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Are there any relevant conflicts of interest?  
☑️ No

Section 3. Relevant financial activities outside the submitted work.

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☑️ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Tardif has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Thompson

3. Date  
   28-August-2015

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

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Thompson 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)  
   David-Alexandre

2. Surname (Last Name)  
   Trégouët

3. Date  
   27-August-2015

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
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Dr. Trégouët has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Julian  
2. Surname (Last Name)  
   van Capelleveen  
3. Date  
   28-August-2015  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Nathan Stitziel  
5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  
6. Manuscript Identifying Number (if you know it)  
   15-07652

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Are there any relevant conflicts of interest?  
   ☑ No

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Dr. van Capelleveen has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Erik

2. Surname (Last Name)  
   van Iperen

3. Date  
   31-August-2015

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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Mr. van Iperen has nothing to disclose.

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**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)  
Natalie

2. Surname (Last Name)  
van Zuydam

3. Date  
28-August-2015

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

      Corresponding Author’s Name
      Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
15-07652

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 ☑

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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Section 6. Disclosure Statement

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Dr. van Zuydam has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Tibor  

2. Surname (Last Name)  
   Varga  

3. Date  
   28-August-2015  

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

   Corresponding Author’s Name  
   Nathan Stitziel  

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No  

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No  

## 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement
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Mr. Varga 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)  
   Thomas  

2. Surname (Last Name)  
   Vogt  

3. Date  
   11-September-2015  

4. Are you the corresponding author?  
   ✔ No  

   Corresponding Author’s Name  
   Nathan Stitziel  

5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  

6. Manuscript Identifying Number (if you know it)  
   15-07652  

## 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?  
   ✔ No  

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Are there any relevant conflicts of interest?  
   ✔ Yes  

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Merck</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Former employee</td>
</tr>
</tbody>
</table>

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Vogt reports personal fees from Merck 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)  
   Melanie

2. Surname (Last Name)  
   Waldenberger

3. Date  
   31-August-2015

4. Are you the corresponding author?  
   [ ] Yes  
   ☑ No

Corresponding Author’s Name  
Nathan Stitziel

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
[ ] Yes  
☑ No

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[ ] Yes  
☑ No

**Section 4. Intellectual Property -- Patents & Copyrights**

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[ ] Yes  
☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Waldenberger has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Nicholas

2. **Surname (Last Name)**  
   Wareham

3. **Date**  
   22-September-2015

4. **Are you the corresponding author?**  
   - Yes
   - No  ✔

   **Corresponding Author’s Name**  
   Nathan Stitziel

5. **Manuscript Title**  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. **Manuscript Identifying Number (if you know it)**  
   15-07652

### Section 2. The Work Under Consideration for Publication

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- Yes
- No  ✔

### Section 3. Relevant financial activities outside the submitted work.

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- No  ✔

### 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. Wareham 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)**
   - Hugh

2. **Surname (Last Name)**
   - Watkins

3. **Date**
   - 28-August-2015

4. **Are you the corresponding author?**
   - Yes [x]  No [ ]

5. **Manuscript Title**
   - Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. **Manuscript Identifying Number (if you know it)**
   - 15-07652

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes [ ]  No [x]

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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 [x]

## Section 4. Intellectual Property -- Patents & Copyrights

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

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

Dr. Watkins has nothing to disclose.

**Evaluation and Feedback**

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

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<tr>
<th>1. Given Name (First Name)</th>
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<td>Thomas</td>
<td>Webb</td>
<td>03-September-2015</td>
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<tr>
<th>4. Are you the corresponding author?</th>
<th>No</th>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Nathan Stitziel</td>
</tr>
</tbody>
</table>

| 5. Manuscript Title                  | Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease |

| 6. Manuscript Identifying Number (if you know it) | 15-07652 |

### The Work Under Consideration for Publication

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Dr. Webb 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)  Peter
2. Surname (Last Name)  Weeke
3. Date  26-August-2015

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Nathan Stitziel

5. Manuscript Title  Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)  15-07652

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.)?

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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?  ☑ No
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Dr. Weeke has nothing to disclose.

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Willenborg
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Christina</td>
<td>Willenborg</td>
<td>03-September-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name

Nathan Stitziel

5. Manuscript Title

Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it)

15-07652

**Section 2. The Work Under Consideration for Publication**

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   - [x] No

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Dr. Willenborg 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)  
   Cristen
2. Surname (Last Name)  
   Willer
3. Date  
   02-October-2015
4. Are you the corresponding author?  
   ✔ No
5. Manuscript Title  
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease
6. Manuscript Identifying Number (if you know it)  
   15-07652

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Dr. Willer has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Hong-Hee

2. Surname (Last Name)  
   Won

3. Date  
   26-August-2015

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

   Corresponding Author’s Name  
   Nathan Stitziel

5. Manuscript Title  
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Dr. Won has nothing to disclose.

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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.**

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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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Section 1. Identifying Information

1. Given Name (First Name) 
   Wu

2. Surname (Last Name) 
   Yin

3. Date 
   09-September-2015

4. Are you the corresponding author? 
   Yes ✔ No

Corresponding Author’s Name
   Nathan Stitziel

5. Manuscript Title 
   Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease

6. Manuscript Identifying Number (if you know it) 
   15-07652

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.

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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Employee</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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Yin
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Section 6. Disclosure Statement

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Dr. Yin reports personal fees from Merck outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Robin  

2. Surname (Last Name)  
Young  

3. Date  
23-September-2015  

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

5. Manuscript Title  
Coding Variation in ANGPTL4, LPL, and SVEP1 and Risk of Coronary Disease  

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Dr. Young has nothing to disclose.

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   Lingyao

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   Zeng

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Ms. Zeng has nothing to disclose.

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**Corresponding Author’s Name**

Nathan Stitziel

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