ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ana Olga
2. Surname (Last Name)  Mocumbi
3. Date  24-March-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Cardiovascular Risk and D-Dimer Levels in HIV Infected ART-Naive Africans
6. Manuscript Identifying Number (if you know it)  CDT19-89

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Igor  
2. Surname (Last Name)  
Dobe  
3. Date  
20-March-2020  

4. Are you the corresponding author?  
☐ Yes  
✔ No  
Corresponding Author’s Name  
Ana Olga Mocumbi  

5. Manuscript Title  
Cardiovascular risk and D-dimer levels in HIV-infected ART-naïve Africans  

6. Manuscript Identifying Number (if you know it)  
CDT-19-89

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

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Are there any relevant conflicts of interest?  
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✔ No

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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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## Section 1. Identifying Information

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

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

3. **Date**
   - 23-March-2020

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

   **Corresponding Author's Name**
   - Hausse Mocumbi

5. **Manuscript Title**
   - Cardiovascular Risk and D-Dimer levels in HIV-infected ART-naive Africans

6. **Manuscript Identifying Number (if you know it)**
   - CDT-19-89

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Dr. Cândido has nothing to disclose.

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1. Given Name (First Name) Nick
2. Surname (Last Name) Kim
3. Date 20-March-2020
4. Are you the corresponding author? Yes ☑️ No

Corresponding Author’s Name Ana Olga Mocumbi

5. Manuscript Title
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