

## ICMJE DISCLOSURE FORM

**Date:** 5/7/2024

**Your Name:** DR. pooja agrawal

**Manuscript Title:** Pharmacovigilance monitoring and treatment adherence in patients on antihypertensive drugs in a tertiary care center

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

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

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**Your Name:** DR. shilpa patrick

**Manuscript Title:** Pharmacovigilance monitoring and treatment adherence in patients on antihypertensive drugs in a tertiary care center

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Your Name:** DR. meenu thomas

**Manuscript Title:** Pharmacovigilance monitoring and treatment adherence in patients on antihypertensive drugs in a tertiary care center

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Your Name:** DR. dhyuti gupta

**Manuscript Title:** Pharmacovigilance monitoring and treatment adherence in patients on antihypertensive drugs in a tertiary care center

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## ICMJE DISCLOSURE FORM

**Date:** 5/7/2024

**Your Name:** DR. prithpal singh matreja

**Manuscript Title:** Pharmacovigilance monitoring and treatment adherence in patients on antihypertensive drugs in a tertiary care center

**Manuscript Number (if known):** Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 5/7/2024

**Your Name:** DR. preeti singh

**Manuscript Title:** Pharmacovigilance monitoring and treatment adherence in patients on antihypertensive drugs in a tertiary care center

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 5/7/2024

**Your Name:** miss. Shaneela zafar

**Manuscript Title:** Pharmacovigilance monitoring and treatment adherence in patients on antihypertensive drugs in a tertiary care center

**Manuscript Number (if known):** Click or tap here to enter text.

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