

ICMJE DISCLOSURE FORM

Date: 7/11/2024

Your Name: Usman A. Tahir

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">NIH K08 HL161445-01A1</td> <td style="width: 40%; padding: 2px;">Career development award</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	NIH K08 HL161445-01A1	Career development award			Click the tab key to add additional rows.	
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4	Consulting fees]	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 7/11/2024

[Click or tap to enter a date.]

Your Name:]

[Daniel Cruz

Manuscript Title:

[Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known):

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ICMJE DISCLOSURE FORM

Date: 7/12/2024

Your Name: Jeremy Robbins

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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Date: 7/12/2024

Your Name: Daniel H Katz

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Your Name: Mark Benson

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

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ICMJE DISCLOSURE FORM

Date: 7/12/2024

Your Name: Yongmei Liu

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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: 7/11/2024

Your Name: Xiuqing Guo

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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: 7/12/2024

Your Name: Bjoernar Tuftin

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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: 7/11/2024

Your Name: Laurie A Farrell

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/11/2024

Your Name: W. Craig Johnson

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Peter Durda

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 7/11/2024

Your Name: Madeline Gillman

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1"> <tr> <td>National Institute of General Medical Sciences award 5T32 GM067553</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	National Institute of General Medical Sciences award 5T32 GM067553					Click the tab key to add additional rows.
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 7/11/2024

Your Name: Ani Manichaikul

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr><td>NIH</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH					
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr><td>N/A</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	N/A					
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>N/A</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		N/A							
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6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr><td>N/A</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		N/A							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>N/A</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		N/A							
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr><td>N/A</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		N/A							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>N/A</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		N/A							
N/A											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Statistical Editor for the American Journal of Respiratory and Critical Care Medicine</td><td></td></tr> <tr><td>Editorial Board Member for Communications Biology journal</td><td></td></tr> <tr><td></td><td></td></tr> </table>		Statistical Editor for the American Journal of Respiratory and Critical Care Medicine		Editorial Board Member for Communications Biology journal					
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ICMJE DISCLOSURE FORM

Date: 7/11/2024

Your Name: Prashant Rao

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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1	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>John S. LaDue Memorial Fellowship at Harvard Medical School</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	John S. LaDue Memorial Fellowship at Harvard Medical School					Click the tab key to add additional rows.	
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2	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>John S. LaDue Memorial Fellowship at Harvard Medical School</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	John S. LaDue Memorial Fellowship at Harvard Medical School						
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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Laura Raffield

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 428"> <tr> <td>Consultant for TOPMed Administrative Coordinating Center (through Westat)</td> <td>To myself</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Consultant for TOPMed Administrative Coordinating Center (through Westat)	To myself						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 514 1516 615"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 856 1516 957"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1073 1516 1173"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1289 1516 1390"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1505 1516 1606"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1696 1516 1797"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

ICMJE DISCLOSURE FORM

Date: 7/11/2024

Your Name: Lynette Ekunwe

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Meltem Ece Kars

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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: 7/11/2024

Your Name: Stephen S Rich

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Westat</td> <td>Consultant for the TOPMed Academic Coordinating Center (Westat)</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Westat	Consultant for the TOPMed Academic Coordinating Center (Westat)						
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ICMJE DISCLOSURE FORM

Date: 7/11/2021

Your Name: James G. Wilson

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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: 7/11/2024

Your Name: Pradeep Natarajan

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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4	Consulting fees	<input type="checkbox"/> None <div> <div>Allelica, Apple, AstraZeneca, Blackstone Life Sciences, Creative Education Concepts, CRISPR Therapeutics, Eli Lilly & Co, Foresite Labs, Genentech / Roche, GV, HeartFlow, Magnet Biomedicine, Merck, Novartis, Esperion Therapeutics, TenSixteen Bio, and Tourmaline Bio</div> <div></div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <div> <div>TenSixteen Bio Preciseli MyOme</div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
		MyOme, Preciseli, and TenSixteen Bio	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Spousal employment at Vertex Pharmaceuticals	

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.

ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Kent D Taylor

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<div> <input checked="" type="checkbox"/> None </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 258 1503 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 476 1503 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="370 690 1503 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Jerome I. Rotter

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr><td>NIH</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH					
NIH								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Tamar Sofer

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>Grant from the National Human Genome Research Institute</td> <td>Payment made to the institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Grant from the National Human Genome Research Institute	Payment made to the institution				
Grant from the National Human Genome Research Institute	Payment made to the institution							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Jacob Barber

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	<div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.</div> <div> <input type="checkbox"/> None </div> </div>	<div> <div>NHLBI 5 T32 HL160522-02</div> <div>Training grant awarded to my institution</div> </div> <div>Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div></div>
3	<div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div></div>

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Yuval Itan

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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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Leducq Foundation								
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ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Zsu-Zsu Chen

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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: 7/10/2024

Your Name: Shuliang Deng

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 7/16/2024

Your Name: Russell Tracy

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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: Click or tap to enter a date.

Your Name: Click or tap here to enter text.

Manuscript Title: Proteogenomic analysis integrated with electronic health records data reveals disease-associated variants in Black Americans

Manuscript Number (if known): 181802-JCI-CMED-RV-2

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Date: 7/16/2024

Your Name: Yii-Der Ida Chen

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.