

**ICMJE DISCLOSURE FORM**

**Date:** 7/18/2024

**Your Name:** Raffaele Izzo

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		Click the tab key to add additional rows.	
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
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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> </table>							
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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**Date:** 7/18/2024

**Your Name:** Stanislovas S. Jankauskas

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Giuseppe Signoriello

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<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.

## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Maria Lembo

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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.

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<b>Time frame: past 36 months</b>								
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## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Paola Gallo

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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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:** 7/18/2024

**Your Name:** Giovanni Esposito

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Roberto Piccinocchi

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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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:** 7/18/2024

**Your Name:** Francesco Rozza

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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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Time frame: past 36 months								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Carmine Morisco

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Pasquale Mone

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Gaetano Piccinocchi

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Fahimeh Varzideh

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<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.

## ICMJE DISCLOSURE FORM

**Date:** 7/18/2024

**Your Name:** Bruno Trimarco

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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.

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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></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:** 7/18/2024

**Your Name:** Valentina Trimarco

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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:** 7/18/2024

**Your Name:** Gaetano Santulli

**Manuscript Title:** A six-year study in a real-world population reveals an increased incidence of dyslipidemia during COVID-19

**Manuscript Number (if known):** 183777-JCI-CMED-1

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