ICMJE DISCLOSURE FORM

Date:
March 8, 2026 — Click or tap to enter a date.

Your Name:
Sascha N. Goonewardena — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known):
204287-JCI-CRPH-1 — 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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		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.**	☐ **None** VA MERIT grant 1I01CX002560, Taubman Medical Research Institute (Wolfe Scholarship)	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

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	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Shanshan Yao — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

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Your Name:
Lanyue Zhang — Click or tap here to enter text.

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Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Tomasz Jurga — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

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Date:
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Your Name:
Donald Lloyd-Jones — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

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Your Name:
Dilna Damodaran — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

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Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Brian T. Emmer — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known): 204287-JCI-CRPH-1 — Click or tap here to enter text.

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Date:
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Your Name:
Kahraman Tanriverdi — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

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Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Chirag J. Patel — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

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Date: March 8, 2026 — Click or tap to enter a date.

Your Name: John T. Wilkins — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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

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ICMJE DISCLOSURE FORM

Date:
March 8, 2026 — Click or tap to enter a date.

Your Name:
Mark A. Sarzynski — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known):
204287-JCI-CRPH-1 — 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.

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.**	☐ **None** National Institute of Nursing Research R01NR019628	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in	☐ **None** None	

		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)
	item #1 above).		
3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** Genetic Direction	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** Scientific Advisory Board for Elysium Health	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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ICMJE DISCLOSURE FORM

Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Vera Bittner — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known): 204287-JCI-CRPH-1 — Click or tap here to enter text.

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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	☐ **None** NHLBI via Wake Forest University, Amgen, Dalcor, Esperion, Novartis, Sanofi and Regeneron	

		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)
	item #1 above).		
3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** American College of Cardiology, American Heart Association, National Lipid Association, New Amsterdam Pharma	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** NIH-NIA, Eli Lilly, Verve Therapeutics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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ICMJE DISCLOSURE FORM

Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Ron Do — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known): 204287-JCI-CRPH-1 — Click or tap here to enter text.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in	☐ **None** NIH/NIGMS R35-GM124836	

		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)
	item #1 above).		
3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** Scientific cofounder, consultant, and equity holder (pending) for Pensieve Health; consultant for Variant Bio (all unrelated to this work)	

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

☒ X

ICMJE DISCLOSURE FORM

Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Supriya Shore — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known): 204287-JCI-CRPH-1 — Click or tap here to enter text.

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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	☐ **None** None	

		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)
	item #1 above).		
3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

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	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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ICMJE DISCLOSURE FORM

Date:
March 8, 2026 — Click or tap to enter a date.

Your Name:
Jane E. Freedman — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known):
204287-JCI-CRPH-1 — Click or tap here to enter text.

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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	☐ **None** None	

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3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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Date:
March 8, 2026 — Click or tap to enter a date.

Your Name:
David R. Jacobs, Jr. — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known):
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3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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ICMJE DISCLOSURE FORM

Date: March 8, 2026	Click or tap to enter a date.
Your Name: Bharat Thyagarajan	Click or tap here to enter text.
Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults	Click or tap here to enter text.
Manuscript Number (if known): 204287-JCI-CRPH-1	Click or tap here to enter text.

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4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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ICMJE DISCLOSURE FORM

Date:
March 8, 2026 — Click or tap to enter a date.

Your Name:
Clary Clish — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known):
204287-JCI-CRPH-1 — Click or tap here to enter text.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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Date:
March 8, 2026 — Click or tap to enter a date.

Your Name:
Marios K. Georgakis — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known):
204287-JCI-CRPH-1 — Click or tap here to enter text.

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4	Consulting fees	☐ **None** None	
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6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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ICMJE DISCLOSURE FORM

Date:
March 8, 2026 — Click or tap to enter a date.

Your Name:
Eric J. Brandt — Click or tap here to enter text.

Manuscript Title:
Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known):
204287-JCI-CRPH-1 — Click or tap here to enter text.

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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	☐ **None** None	

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4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** New Amsterdam Pharmaceuticals	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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ICMJE DISCLOSURE FORM

Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Venkatesh L. Murthy — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known): 204287-JCI-CRPH-1 — Click or tap here to enter text.

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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.**	☐ **None** NIDDK U01DK123013-03, NIA R01 AG059729, NHLBI R01 HL136685, AHA Strategically Focused Research Network	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in	☐ **None** Siemens Medical Imaging, Jubilant Draximage, Credence Management Solutions	

		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)
	item #1 above).		
3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** None	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	☐ **None** Ionetix	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** Abbott Laboratories, Abbvie, Advanced Micro Devices, Amgen, Baxter International, Boston Scientific, Bristol-Myers Squibb, Cardinal Health, Cigna, Eli Lilly, GE Healthcare, Intel, Ionetix, Johnson and Johnson, Medtronic, Merck, nVidia, Oracle, Pfizer, Viatris, Zimmer Biomet	

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Date: March 8, 2026	Click or tap to enter a date.
Your Name: Ravi V. Shah	Click or tap here to enter text.
Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults	Click or tap here to enter text.
Manuscript Number (if known): 204287-JCI-CRPH-1	Click or tap here to enter text.

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<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☐ None
NIDDK U01DK123013-03, NIA R01 AG059729, NHLBI R01 HL136685, AHA Strategically Focused Research Network
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<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in</td><td colspan="2">☐ None
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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)
	item #1 above).		
3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** None	
6	Payment for expert testimony	☐ **None** Amgen, Cytokinetics	
7	Support for attending meetings and/or travel	☐ **None** None	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Patent for ex-RNAs signatures of cardiac remodeling; pending patent on proteomic signatures of fitness and lung and liver diseases	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** None	

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Date: March 8, 2026 — Click or tap to enter a date.

Your Name: Robert S. Rosenson — Click or tap here to enter text.

Manuscript Title: Plasma Proteomic Signatures of Lipoprotein(a) and Cardiovascular Disease in Young Adults — Click or tap here to enter text.

Manuscript Number (if known): 204287-JCI-CRPH-1 — Click or tap here to enter text.

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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.**	☐ **None** None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in	☐ **None** Amgen, Arrowhead, Eli Lilly, Merck, NIH, Novartis, Novo Nordisk, Regeneron, 89Bio	

		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)
	item #1 above).		
3	Royalties or licenses	☐ **None** None	
4	Consulting fees	☐ **None** None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** Wolters Kluwer (UpToDate)	
6	Payment for expert testimony	☐ **None** Amgen, Avilar, CRISPR Therapeutics, Eli Lilly, Lipigon, New Amsterdam, Novartis, Precision Biosciences, Regeneron, UltraGenyx, Verve Therapeutics	
7	Support for attending meetings and/or travel	☐ **None** Meda Pharma	
8	Patents planned, issued or pending	☐ **None** None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** None	
10	Leadership	☐ **None**	

		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)
	or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Methods and systems for biocellular marker detection (PCT/US2019/026364); Immunothrombotic conditions (PCT/US2021/63104926); Lp(a) vs non-Lp(a) apoB quantification (PCT/US2021/63248837)	
11	Stock or stock options	☐ **None** None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** None	
13	Other financial or non-financial interests	☐ **None** MediMergent, LLC	

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