ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jiang

2. Surname (Last Name)  
   He

3. Date  
   22-June-2014

4. Are you the corresponding author?  
   Yes   ✔ No

Corresponding Author’s Name
Lydia A. Bazzano

5. Manuscript Title
Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)
M14-0180

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   Yes   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. He has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Whelton

3. Date  
23-June-2014

4. Are you the corresponding author?  
Yes ☑  No

Corresponding Author’s Name  
Lydia Bazzano

5. Manuscript Title  
"Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial"

6. Manuscript Identifying Number (if you know it)  
M12-0180

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Yes ☑  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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**Section 6. Disclosure Statement**

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Dr. Whelton reports grants from the NIH, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chung-Shiuan

2. Surname (Last Name)  
   Chen

3. Date  
   23-June-2014

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Lydia Bazzano

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
   Lu

2. Surname (Last Name)
   Yao

3. Date
   23-June-2014

4. Are you the corresponding author?  Yes ☐  No ☑

Corresponding Author’s Name
Lydia Bazzano

5. Manuscript Title
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Dr. Yao has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Kristi

2. **Surname (Last Name)**  
   Reynolds

3. **Date**  
   23-June-2014

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

5. **Manuscript Title**  
   Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

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- No  
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Dr. Reynolds has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Klag

3. Date  
   30-June-2014

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Lydia Bazzano

5. Manuscript Title  
   Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)  
   M14-0180

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Klag
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Klag has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Lydia

2. Surname (Last Name)  
   Bazzano

3. Date  
   23-June-2014

4. Are you the corresponding author?  
   ✔ Yes  ❌ No

5. Manuscript Title  
   Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)  
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ✔ Yes  ❌ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Bazzano reports grants from NIH, P20 RR017659 and K08 HL091108, during the conduct of the study.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Calynn  

2. Surname (Last Name)  
   Bunol  

3. Date  
   23-June-2014  

4. Are you the corresponding author?  
   □ Yes  
   ✔ No  

   Corresponding Author’s Name  
   Lydia Bazzano  

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Corresponding Author’s Name
Lydia Bazzano

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Dr. Liu has nothing to disclose.

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