ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  
   Linda
2. Surname (Last Name)  
   Baumann
3. Date  
   25-September-2015
4. Are you the corresponding author?  
   [☑] Yes  [☐] No

   Corresponding Author's Name
   Albert Siu

5. Manuscript Title
   Screening for Abnormal Glucose and Type 2 Diabetes Mellitus

6. Manuscript Identifying Number (if you know it)

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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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Bibbins-Domingo
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Kirsten

2. Surname (Last Name)  
Bibbins-Domingo

3. Date  
22-September-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author's Name  
Albert Siu

5. Manuscript Title  
Screening for Abnormal Glucose and Type 2 Diabetes Mellitus

6. Manuscript Identifying Number (if you know it)

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Dr. Bibbins-Domingo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Karina

2. Surname (Last Name)  
   Davidson

3. Date  
   22-September-2015

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Albert Siu

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

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Ebell
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark</td>
<td>Ebell</td>
<td>22-September-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Albert Siu

5. Manuscript Title

Screening for Abnormal Glucose and Type 2 Diabetes Mellitus

6. Manuscript Identifying Number (if you know it)

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Dr. Ebell has nothing to disclose.

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Garcia
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Francisco
2. Surname (Last Name) Garcia
3. Date 22-September-2015

4. Are you the corresponding author? □ Yes □ No
   Corresponding Author’s Name Albert Siu

5. Manuscript Title
   Screening for Abnormal Glucose and Type 2 Diabetes Mellitus

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Matthew W.
2. Surname (Last Name) Gillman
3. Date 29-September-2015
4. Are you the corresponding author? Yes No
Corresponding Author’s Name Albert Siu
5. Manuscript Title Screening for Abnormal Glucose and Type 2 Diabetes Mellitus
6. Manuscript Identifying Number (if you know it)

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.)? Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No
If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
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<td>✓ Royalties as co-editor of book Maternal Obesity</td>
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<td>UpToDate</td>
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<td></td>
<td>✓ Royalties as author of chapter on Dietary Fat</td>
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Dr. Gillman reports other from Cambridge University Press, other from UpToDate, outside the submitted work; .

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<tbody>
<tr>
<td>David</td>
<td>Grossman</td>
<td>22-September-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name  
Albert Siu

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

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Dr. Grossman has nothing to disclose.

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Herzstein
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jessica  

2. Surname (Last Name)  
   Herzstein  

3. Date  
   22-September-2015  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Albert Siu  

5. Manuscript Title  
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   [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Herzstein has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alex  
2. Surname (Last Name)  
   Kemper  
3. Date  
   22-September-2015  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author's Name  
   Albert Siu  
5. Manuscript Title  
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Dr. Kemper has nothing to disclose.

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   Krist

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   22-September-2015

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   Albert Slu

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Dr. Krist has nothing to disclose.

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Kurth
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ann
2. Surname (Last Name)  Kurth
3. Date  22-September-2015

4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author's Name  Albert Siu

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Are there any relevant conflicts of interest?  ☐ Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

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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?  ☐ Yes  ☑ No

Kurth
Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kurth has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Owens
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Douglas
2. Surname (Last Name)  Owens
3. Date  29-September-2015
4. Are you the corresponding author?  [ ] Yes  [x] No
   Corresponding Author's Name  Albert Siu
5. Manuscript Title
   Screening for Abnormal Glucose and Type 2 Diabetes Mellitus
6. Manuscript Identifying Number (if you know it)

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.)?

Are there any relevant conflicts of interest?  [x] 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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Are there any relevant conflicts of interest?  [ ] Yes  [x] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [ ] Yes  [x] No

Owens
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Owens reports other from USPSTF, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) William
2. Surname (Last Name) Phillips
3. Date 22-September-2015
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name Albert Siu
5. Manuscript Title Screening for Abnormal Glucose and Type 2 Diabetes Mellitus
6. Manuscript Identifying Number (if you know it)

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Dr. Phillips has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Maureen

2. Surname (Last Name)  
   Phipps

3. Date  
   27-September-2015

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Albert Siu

5. Manuscript Title  
   Screening for Abnormal Glucose and Type 2 Diabetes Mellitus

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Phipps has nothing to disclose.

Evaluation and Feedback

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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)  
   Pignone

3. Date  
   24-September-2015

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Albert Siu

5. Manuscript Title  
   Screening for Abnormal Glucose and Type 2 Diabetes Mellitus

6. Manuscript Identifying Number (if you know it)

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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

I have participated in guideline development on aspirin use in diabetes for the American Diabetes Association.

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Section 6. Disclosure Statement

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Dr. Pignone reports that he has participated in guideline development on aspirin use in diabetes for the American Diabetes Association.

Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**  
   22-September-2015

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

5. **Manuscript Title**  
   Screening for Abnormal Glucose and Type 2 Diabetes Mellitus

6. **Manuscript Identifying Number (if you know it)**

### Section 2. The Work Under Consideration for Publication

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

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