Annals of Internal Medicine | AUTHORS' FORM Manuscript Title Converse on Vilamin D + Lee Gregorial Southern . . .

By signing below, all authors acknowledge that they have read 1) the statement on authorship, dual commitment, and contribution to authorship and 2) the statement on copyright transfer or federal employment. They also agree to assign the responsibility for changes to galley proofs to one designated author. The name of this author, as well as the name of the corresponding author and the author to receive reprint requests, should be indicated in the Author Information section. below. Authors of editorials, letters, On Being a Doctor/Patient pieces, and Book Notes need not designate author contributions. The corresponding author must also sign the acknowledgment statement at the bottom of this page. Authors who do not already receive Annals will receive a complimentary copy of the issue in which their article appears (indicate by checking the box under Author Information). This document may be photocopied for distribution to coauthors for their signature. Every author must complete a form. Please mail all copies to Harold Sox, MD, Editor, Annals of Internal Medicine, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, USA, or fax to 215-351-2619. Please put your manuscript number at the top of the form.

Authorship, Dual Commitment, and Contributions to Authorship

- I have contributed directly to the intellectual content of this paper and have agreed to have my name listed as an author on the final, revised version.
- For papers with more than one author. I agree to allow the corresponding author to make decisions regarding prepublication release of information in the paper to the media, federal agencies, or both.
- Financial interests, direct or indirect, that exist or may be perceived to exist for individual authors in connection with the content of this paper have been disclosed to Annals in the cover letter. Sources of outside support of the project are named in the cover letter, and the role of funding organizations, if any, in the conduct of the study is described in the Methods section of the manuscript.

In the spaces marked "Contribution Codes," authors should mark those code letters from the box that designate their own substantive contribution(s) to the paper. Any contribution not described in the box should be indicated in the space for "Other contributions."

Corresponding Author Signature (needed only on corresponding author's form)

Contribution Codes

- a Conception and design
- b Analysis and interpretation of the data
- c Drafting of the article
- d Critical revision of the article for important intellectual content
- e Final approval of the article
- f Provision of study materials or patients
- g Statistical expertise
- h Obtaining of funding
- i Administrative, technical, or logistic support
- j Collection and assembly of data

Copyright Transfer

Annals of Internal Medicine is owned, published, and copyrighted by the American College of Physicians (ACP). In the event that the ACP publishes my work and in consideration of the editing and publication of my work and the professional benefits relating hereto, I transfer to the ACP all right, title, and interest to all parts of the written work named above. The ACP shall own the work, including 1) copyright; 2) the right to grant permission to republish the article in whole or in part, with or without fee; 3) the right to produce preprints or reprints and translate into languages other than English for sale or free distribution; 4) the right to republish the work in a collection of articles in any other mechanical or electronic format. In addition, I affirm that the work has not been previously published, is not subject to copyright or other rights except my own to be transferred to the ACP, and has not otherwise been submitted for publication, except under circumstances communicated to the ACP in writing at the time the work was first submitted.

Authors of manuscripts reporting research funded by NIH are granted permission to provide a copy of the accepted manuscript to the NIH for public archiving in PubMed Central, "Accepted manuscript" refers to the prepublication version for which Annals has issued a notice of final acceptance. Submission of copies of the final published version (i.e., PDF or the HTML version downloaded from www.annals.org) to PubMed Central would violate the copyright agree-

Date Signed

| | U.S. Federal Employees: I was a U.S. federal employee Copyright Act and ownership cannot be transferred. Ir | when this work was done and the manuscript was pre itials: | pared for publication. This work is not protected by the | | | | | |
|---|--|---|--|--|--|--|--|--|
| / | Authorinformation Revolution MARCUS REIDENBERG 9/9/13 | | | | | | | |
| | Well Cornel Week Clega | 1300 Yorkane. | Date signed NY 10065 | | | | | |
| | Institution 2127466227 | Street address 212746 8835 | City State ZIP code | | | | | |
| | Phone number | Fax number | Contribution codes (from box) | | | | | |
| | 1)Other contributions | 2) | 3) | | | | | |
| | Please check all of the following boxes that apply to yo S Author responsible for galley proofs | | ACP member/Annals subscriber | | | | | |
| | Acknowledgment I attest that all individuals who contributed to the manuscript have been appropriately acknowledged, and also that all contributors who are not authors are named in the Acknowledgment section and have agreed in writing to be named. | | | | | | | |
| | Muras Rest | Unice | 9/9/13 | | | | | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Section 1. Identifying Inform | ation | | | | | | | |
|---|------------------------------------|---|--|--|--|--|--|--|
| 1. Giyen Name (First Name) MARCUろ | 2. Surname (Last Name) REIDE PBERS | 3. Effective Date (07-August-2008) 9 8 9 20 1 3 | | | | | | |
| 4. Are you the corresponding author? Yes No | | | | | | | | |
| 5. Manuscript Title Commant on Vitamin Dank Ca Supplementation. | | | | | | | | |
| 6. Manuscript Identifying Number (if you kn | ow 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration for Publication | | | | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-------|--|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | |
| 1. Grant | 6 | | | | | × | |
| 2. Consulting fee or honorarium | Q | | | | | ADD X | |
| 3. Support for travel to meetings for the study or other purposes | Q | | | | | ADD X | |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | 6 | | | | | × | |
| 5. Payment for writing or reviewing the manuscript | P | | | | | ADD × | |
| Provision of writing assistance, medicines, equipment, or administrative support | 9 | | | | | ADD × | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| The Work Under Consideration for Publication | | | | | | | | |
|--|------|----|-------------------------|----------------------------------|----------------|------------|-----|--|
| | Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | | |
| | | | | | | | ADD | |
| 7. Other | | P | | | | | × | |
| | | | | | | | ADD | |

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments |
|--|----|-------------------------|----------------------------------|-------------|----------|
| Board membership | | Ø | | aminosterin | LLC |
| Consultancy | 9 | | | | |
| Employment | 10 | | | | |
| Expert testimony | T | | | | |
| Grants/grants pending | Ø | | | | |
| Payment for lectures including service on speakers bureaus | | | | | |
| Payment for manuscript preparation | | | | | |

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



ICMJE Form for Disclosure of Potential Conflicts of Interest

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments |
|--|----|-------------------------|----------------------------------|-------------|-------------|
| . Patents (planned, pending or | | 4.00585.055 | na sa <u>a</u> ntiikaa | 1114 | 1. 4 |
| issued) | | 6 | | N1Hown | 5 patens |
| 9. Royalties | | 1001 | | same as | 16 0 |
| o. Noyalties | | 10 | | same às | 44 0 |
| Payment for development of educational presentations | 9 | | | | |
| 1. Stock/stock options | | 8 | | Oscerta | |
| 2. Travel/accommodations/ | | | | 11.5.E (A | mund tee |
| meeting expenses unrelated to activities listed** | | 7 | | U. S. P. C. | al Cannette |
| | | | | /-/- | |
| Other (err on the side of full disclosure) | Ø | | | | |

| Section 4. Other relationships | |
|---|--------------------------------------|
| Are there other relationships or activities that readers could perceive to have influe potentially influencing, what you wrote in the submitted work? | nced, or that give the appearance of |
| No other relationships/conditions/circumstances that present a potential confliction of the following relationships/conditions/circumstances are present (explain the following relationships). | |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if no On occasion, journals may ask authors to disclose further information about report | |

Hide All Table Rows Checked 'No'

SAVE