

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

SANDRA

2. Surname (Last Name)

WILLIAMS

3. Date

07-February-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Euglycemic Ketoacidosis Caused by Inhibitors of Sodium-Glucose Co-transporter 2

6. Manuscript Identifying Number (if you know it)

L15-0535

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)
Shane

2. Surname (Last Name)
Bobart

3. Date
03-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Euglycemic Ketoacidosis Caused by Inhibitors of Sodium-Glucose Co-Transporter 2

6. Manuscript Identifying Number (if you know it)
L15-0535

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Dr. Bobart has nothing to disclose.

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1. Given Name (First Name) James	2. Surname (Last Name) Gleason	3. Date 03-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shane Bobart
5. Manuscript Title A Possible Mechanism for Sodium-Glucose Co-Transporter 2 Inhibitor-Associated Euglycemic Ketoacidosis (EKA)		
6. Manuscript Identifying Number (if you know it) L15-0535		

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Dr. Gleason has nothing to disclose.

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1. Given Name (First Name) NYDIA	2. Surname (Last Name) MARTINEZ	3. Date 03-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name SHANE BOBART
5. Manuscript Title A Possible Mechanism for Sodium-Glucose Co-Transporter 2 Inhibitor-Associated Euglycemic Ketoacidosis (EKA)		
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Dr. MARTINEZ has nothing to disclose.

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1. Given Name (First Name) Keith	2. Surname (Last Name) Norris	3. Date 03-February-2016
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