

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Beatriz	2. Surname (Last Name) Schaan	3. Date 18-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ana Marina Moreira
5. Manuscript Title Effects of Initiating Moderate Alcohol Intake on Cardiometabolic Risk in Adults With Type 2 Diabetes (CASCADE Trial)		
6. Manuscript Identifying Number (if you know it) L16-0015		

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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Section 6. Disclosure Statement

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Dr. Schaan has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Ana

2. Surname (Last Name)

Moreira

3. Date

14-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Cardiometabolic effects of cascade trial explained by mediterranean diet

6. Manuscript Identifying Number (if you know it)

L16-0015

Section 2. The Work Under Consideration for Publication

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Dr. Moreira has nothing to disclose.

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1. Given Name (First Name)

Thizá

2. Surname (Last Name)

Londero

3. Date

14-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Comment on Gepner

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

luri

2. Surname (Last Name)

Goemann

3. Date

13-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ana Marina Moreira

5. Manuscript Title

REF: "Comment on Gepner"

6. Manuscript Identifying Number (if you know it)

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