



ICMJE INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1

Identifying Information

1. Given Name (First Name)
Michael
2. Surname (Last Name)
Nauck
3. Effective Date (07-August-2008)
02-January-2012
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title
Diagnostic Accuracy of the "Amended" Insulin/Glucose Ratio Derived from Prolonged Fasts for the Biochemical Diagnosis of Insulinomas
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 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

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					



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The Work Under Consideration for Publication

Type	No.	Money from this work	Money to your institution	Name of entity	Comments**
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7. Other

☒
☐
☐

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

** Use this section to provide any needed explanation.

Section 3

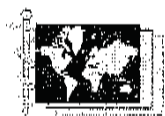
Relevant financial activities outside the submitted work.

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.

Relevant financial activities outside the submitted work

Type of Relationship (as described in instructions)	No	Yes	Comments
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boehringer Ingelheim, Ingelheim, Germany
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eli Lilly & Co., Indianapolis, Indiana, USA
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glaxo, Smith, Kline, Munich, Germany
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hoffmann La Roche, Basel, Switzerland
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Janssen Global Services, LLC, USA
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MSD, Munich, Germany
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novartis Pharma, Basel, Switzerland/ Nürnberg, Germany
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novo Nordisk, Copenhagen, Denmark
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sanofi-Aventis Pharma, Bad Soden/Taunus, Germany



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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No.	Money Paid to You	Money to Your Institution	Entity	Comments
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Takeda, Deerfield, IL, USA	
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Versartis, Sunnyvale, CA, USA	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AstraZeneca, Mjölndal, Sweden	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berlin Chemie AG/ Menarini, Berlin, Germany	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eli Lilly & Co., Indianapolis, Indiana, USA	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hoffman La Roche, Basel, Switzerland	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MSD, Munich, Germany	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novartis Pharma, Basel, Switzerland	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Novo Nordisk, Copenhagen, Denmark	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sanofi-Aventis Pharma, Bad Soden/Taunus, Germany	
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Takeda, Deerfield, IL, USA	
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Berlin Chemie AG/ Menarini, Berlin, Germany	
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eli Lilly & Co., Indianapolis, Indiana, USA	
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MSD Munich, Germany	
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Novartis Pharma, Basel, Switzerland	



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|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | AstraZeneca,
Södertälje, Sweden |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boehringer Ingelheim,
Ingelheim, Germany |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | GlaxoSmithKline,
Philadelphia, USA |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lilly Deutschland
GmbH, Bad Homburg,
Germany |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | MataCure Inc,
Orangeburg, New
York, USA |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roche Pharma AG,
Grenzach-Wyhlen,
Germany |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Novo Nordisk Pharma
GmbH, Mainz,
Germany |
| 5. Grants/grants pending | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tolerx Inc., a delaware
Corporation,
Cambridge, MA, USA |

- | | | | | |
|--|--------------------------|-------------------------------------|--------------------------|---|
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Novo Nordisk,
Copenhagen, Danmark |
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BerlinChemieAG/
Menarini, Berlin,
Germany |
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Lilly Deutschland, Bad
Homburg, Germany |
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | MSD, Munich,
Germany |
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Boehringer Ingelheim,
Ingelheim, Germany |
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AstraZeneca, Mjölndal,
Sweden |
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roche Pharma AG,
Grenzach-Wyhlen,
Switzerland |
| 6. Payment for lectures including
service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Novartis Pharma,
Basel, Switzerland |

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 7. Payment for manuscript
preparation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 8. Patents (planned, pending or
issued) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|



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- | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--|
| 9. Royalties | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Payment for development of educational presentations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DIABATE/ Boehringer
Ingelheim, Ingelheim,
Germany |
| 10. Payment for development of educational presentations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | MSD, Munich,
Germany |
| 10. Payment for development of educational presentations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Incretin Expert
Program/Lilly
Deutschland GmbH,
Bad Homburg,
Germany |
| 10. Payment for development of educational presentations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Medscape LLC,
New York, USA |
| 11. Stock/stock options | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Travel/accommodations/
meeting expenses unrelated to
activities listed** | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Other (err on the side of full
disclosure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4

Other relationships

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?

- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest
- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Barl Lauterbach, 6.7.2012
M. Nauck

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Juris 2. Surname (Last Name) Meier 3. Effective Date (07-August-2008) 25-September-2012

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name Michael Nauck

5. Manuscript Title Diagnostic accuracy of the "amended" insulin/glucose ratio derived from prolonged fasts for the biochemical diagnosis of insulinomas

6. Manuscript Identifying Number (if you know it) M12-0539

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

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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

** Use this section to provide any needed explanation.

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.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Astra Zeneca, BMS, Boehringer-Ingelheim, MSD, NovoNordisk, Sanofi-Aventis		X
						ADD
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Astra Zeneca, BMS, MSD, NovoNordisk, Sanofi-Aventis		X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NovoNordisk, MSD, Sanofi-Aventis, Eli Lilly, Novartis		X
						ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Astra Zeneca, Berlin-Chemie, Boehringer-Ingelheim, BMS, Eli Lilly, MSD, NovoNordisk, Novartis, Roche, Sanofi-Aventis		×
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			×
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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?

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.