

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Donna	2. Surname (Last Name) Dryden	3. Date 09-August-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christina Korownyk and Elizabeth Sumamo Schellenberg
5. Manuscript Title Lifestyle interventions for patients with or at high risk for type 2 diabetes: a systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) M13-0950		

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agency for Healthcare Research and Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	this work was done under contract through the EPC program; there are no conflicts of interest

Section 3. Relevant financial activities outside the submitted work.

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Section 6. Disclosure Statement

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Dr. Dryden reports other from Agency for Healthcare Research and Quality, 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) Ben	2. Surname (Last Name) Vandermeer	3. Date 12-August-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Lifestyle Interventions for Patients With and at Risk for Type 2 Diabetes: A Systematic Review and Meta-analysis		
6. Manuscript Identifying Number (if you know it) M13-0950		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☒ 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Vandermeer reports grants from AHRQ, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Sumamo Schellenberg

3. Date
26-August-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Christina Korownyk

5. Manuscript Title
Lifestyle Interventions for Patients With and at Risk for Type 2 Diabetes: A Systematic Review and Meta-analysis

6. Manuscript Identifying Number (if you know it)
M13-0950

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Ms. Sumamo Schellenberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christine	2. Surname (Last Name) Ha	3. Date 21-August-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Christina Korownyk
5. Manuscript Title Lifestyle Intervention for Patients With and at Risk for Type 2 Diabetes: A Systematic Review and Meta-analysis		
6. Manuscript Identifying Number (if you know it) 		

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Ms. Ha has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christina	2. Surname (Last Name) Korownyk	3. Date 15-August-2013
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Lifestyle Interventions for Patients With and at Risk for Type 2 Diabetes: A Systematic Review and Meta-analysis		
6. Manuscript Identifying Number (if you know it) M13-0950		

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

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