

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 six parts.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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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

Okereke 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Olivia	rst Name)	2. Surname (Last N Okereke	ame)		3. Date 08-October	r-2013	
4. Are you the corresponding author?		Yes 🗸 No	•	Corresponding Author's Name Cecilia Samieri			
	5. Manuscript Title A Randomized Trial of Long-term Multivitamin Supplementation and Cognitive Function in Men: The Physicians' Health Study II						
6. Manuscript Ider M13-1340	ntifying Number (if you kn	ow it)					
	I						
Section 2.	The Work Under Co	onsideration for	Publication				
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	stitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	est? Yes commation below. If	ants, data monitorin	ng board, study c	design, manusc	ript preparation,	
Name of Institut	ion/Company	Grant? Person		Other? Co	omments		
NIH		✓		gran	nt paid to institu	ution	_
Section 3.	Relevant financial	activities outsid	e the submitted	work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in with entities as descrifuller box. You should repevant conflicts of intere	bed in the instruct oort relationships t	ions. Use one line f	for each entity;	add as many	lines as you need by	
Section 4.	Intellectual Proper	ty Patents & C	opyrights				
Do you have any	patents, whether planr	ned, pending or iss	ued, broadly releva	ant to the work	k? Yes	✓ No	

Okereke 2



Section 5. Polationships not sovered above
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Dr. Okereke reports grants from NIH, during the conduct of the study; .

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Okereke 3



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Glynn 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Robert	rst Name)	2. Surname Glynn	(Last Name)			3. Date 11-October-2013
4. Are you the cor	re you the corresponding author? Yes V No Corresponding Author's Name J O'Brien				Name	
Study II			olementation	n and Cognitiv	e Function ir	n Men: The Physicians' Health
M13-1340	itilying Number (ii you ki	low it)				
	l					
Section 2.	The Work Under Co	onsideratio	on for Publ	ication		
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limite				commercial, private foundation, etc.) for design, manuscript preparation,
Are there any rel	evant conflicts of intere	est? Ye	s ✓ No			
	l					
Section 3.	Relevant financial	activities o	utside the	submitted	work.	
of compensation) with entities as descri	bed in the in	structions. l	Jse one line fo	or each entity	relationships (regardless of amount r; add as many lines as you need by months prior to publication.
_	evant conflicts of intere		·			р
If yes, please fill o	out the appropriate info	ormation bel	ow.			
Name of Entity		Grant.	•	on-Financial Support [?]	Other? Co	omments
Novartis		✓				clinical trial monitoring of an elated treatment
Section 4.	Intellectual Proper	ty Paten	ts & Copyr	ights		
Do you have any	patents, whether plan	ned, pending	g or issued, b	roadly releva	nt to the wor	k? Yes 🗸 No

Glynn 2



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

Gaziano 1



Section 1. Identifying Inform					
Identifying Inform	lation				
Given Name (First Name) John Michael	2. Surname (Last Name) Gaziano		3. Date 23-October-2013		
4. Are you the corresponding author? Yes Volume No			Corresponding Author's Name Francine Grodstein		
5. Manuscript Title A Randomized Trial of Long-term Multiv Study II	vitamin Supplementatic	on and Cognitive Fun	ction in Men: The Physicians' Health		
6. Manuscript Identifying Number (if you kn M13-1340	now it)				
Section 2. The Work Under Co	onsideration for Pub	lication			
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants,	data monitoring board			
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 N	on-Financial Othe	? Comments		
NIH	✓		investigator-initiated grant		
BASF	V	/	investigator-initiated grant; study agents and packaging		
Pfizer		✓	study agents and packaging		
OSM Nutritional Products, Inc		✓	study agents and packaging		
Section 3. Relevant financial	activities outside the	e submitted work.			
Place a check in the appropriate boxes i of compensation) with entities as descri	n the table to indicate w	.h th	weight a letion white a fraction of a manufacture of a ma		

Gaziano 2



Soutien A				
Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume				
Section 5. Relationships not covered above				
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?				
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Dr. Gaziano reports grants from NIH, grants and non-financial support from BASF, non-financial support from Pfizer, non-financial support from DSM Nutritional Products, Inc, during the conduct of the study; .				

Evaluation and Feedback

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Kang 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Jae		2. Surname (Last Name) Kang	3. Date 10-October-2013		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Jacqueline O'Brien		
5. Manuscript Title A Randomized T Study II		vitamin Supplementation	and Cognitive Function in Men: The Physicians' Health		
6. Manuscript Ider M13-1340	ntifying Number (if you kr	now it)			
Section 2.					
Section 2.	The Work Under C	onsideration for Public	cation		
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					
·					
Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4.	Intellectual Prope	ty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Kang 2



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Dr. Kang has nothing to disclose.				

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grodstein 1



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4. Are you the corresponding author?		Yes ✓ No	Corresponding A	author's Name
5. Manuscript Title A Randomized T Study II		vitamin Supplementati	on and Cognitive Fu	nction in Men: The Physicians' Health
6. Manuscript Ider M13-1340	ntifying Number (if you kn	now it)		
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any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants est? Yes Normation below. If you	, data monitoring boar	rnment, commercial, private foundation, etc.) for d, study design, manuscript preparation, entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Oth	er? Comments
nih		✓		
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Section 3.	Relevant financial	activities outside th	e submitted worl	.
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	bed in the instructions port relationships that v est?	. Use one line for eac were present during o	nancial relationships (regardless of amount th entity; add as many lines as you need by g the 36 months prior to publication .
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grodstein 2



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Dr. grodstein reports grants from nih, during the conduct of the study; .

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4. Intellectual Property.

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

Relationships not covered above.

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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

Cook 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Nancy		2. Surname (Last Name) Cook	3. Date 08-October-2013		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Jacqueline O'Brien		
5. Manuscript Title A Randomized T Study II		vitamin Supplementation	and Cognitive Function in Men: The Physicians? Health		
6. Manuscript Ider M13-1340	ntifying Number (if you kr	now it)			
Cartinus					
Section 2.	The Work Under C	onsideration for Public	cation		
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					
Section 3.	Relevant financial	activities outside the s	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 publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Cook 2



Section 5. Rolate	ionahina nat asyayad ahaya			
Relat	ionships not covered above			
	hips or activities that readers could perceive to have influenced, or that give the appearance of what you wrote in the submitted work?			
Yes, the following re	lationships/conditions/circumstances are present (explain below):			
✓ No other relationship	os/conditions/circumstances that present a potential conflict 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.				
Section 6. Disclo	osure Statement			
Based on the above disc below.	losures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Cook has nothing to	disclose.			

Evaluation and Feedback

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Cook 3



Instructions

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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.

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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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Julie	rst Name)	2. Surname (Last Name) Buring	3. Effective Date (07-August-2008) 21-October-2013
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Patrick G. O'Connor, MD, MPH
5. Manuscript Title A Randomized T Study II		ivitamin Supplementation	and Cognitive Function in Men: The Physicians' Health
6. Manuscript Ide	ntifying Number (if you l	(now 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 f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	National Institutes of Health		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	\checkmark					×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×
						ADD
5. Payment for writing or reviewing the manuscript	\checkmark					×
						ADD



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
Provision of writing assistance, medicines, equipment, or administrative support	✓					×
						ADD
7. Other	✓					×
						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.

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	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×

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

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



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Payment for manuscript preparation	✓					×
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution received for your efforts.						

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?

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

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

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



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

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

O'Brien 1



Section 1.	Identifying Inform	ation					
Given Name (Find Jacqueline	rst Name)	2. Surname (Last Name)	3. Date 09-October-2013			
4. Are you the cor	4. Are you the corresponding author? Ves No						
A Randomized To Study II	6. Manuscript Identifying Number (if you know it)						
W13 13 16							
Section 2.	The Work Under Co	onsideratio	n 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							
Section 3.	Relevant financial	activities o	utside the submitted	work.			
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Section 4.	Intellectual Proper	ty Patent	s & Copyrights				
Do you have any	patents, whether plan	ned, pending	or issued, broadly releva	ant to the work?	☐ Yes ✓ No		

O'Brien 2



Section 5. Relationships not severed above
Relationships not covered above
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?
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Section 6. Disclosure Statement
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Dr. O'Brien has nothing to disclose.

Evaluation and Feedback

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O'Brien 3



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

1

Dushkes



Section 1.	Identifying Inform	ation				
1. Given Name (Firs Rimma	t Name)	2. Surname (Last Name) Dushkes	3. Date 09-October-2013			
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Francine Grodstein & Jacqueline O'Brien			
5. Manuscript Title A Randomized Trial of Long-term Multivitamin Supplementation and Cognitive Function in Men: The Physicians Health Study II						
6. Manuscript Ident	ifying Number (if you kn	ow it)				
			-			
Section 2.	The Work Under Co	onsideration for Public	ation			
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 Vo						
Cartinus						
Section 3.	Relevant financial	activities outside the s	ubmitted work.			
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts			
Do you have any p	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No			

Dushkes 2



Coation F	
Section 5.	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the followi	ng relationships/conditions/circumstances are present (explain below):
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Dushkes 3



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Manson 1



Section 1. Ider	ntifying Information					
1. Given Name (First Nam A JoAnn	ne) 2. Surnai Manson	me (Last Name)		3. Date 09-October-2013		
4. Are you the correspon	ding author? Yes	✓ No	Corresponding Author's Nam Francine Grodstein	ne		
5. Manuscript Title A Randomized Trial of Long-term Multivitamin Supplementation and Cognitive Function in Men: The Physicians' Health Study II						
6. Manuscript Identifying M13-1340	Number (if you know it)		-			
Section 2. The	Work Under Considera	tion for Public	ation			
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						
Section 3. Rele	vant financial activities	outside the s	ubmitted work.			
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Soction 4						
Section 4. Inte	llectual Property Pate	ents & Copyrig	hts			
Do you have any paten	ts, whether planned, pend	ing or issued, bro	oadly relevant to the work?	☐ Yes ✓ No		

Manson 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Manson 3



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

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.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

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Section 1. Identifying Inform							
Identifying Inform	nation						
Given Name (First Name) Howard	2. Surname (Last Name) Sesso		3. Date 09-October-2013				
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Francine Grodstein						
5. Manuscript Title A Randomized Trial of Long-term Multivitamin Supplementation and Cognitive Function in Men: The Physicians' Health Study II							
6. Manuscript Identifying Number (if you kn M13-1340	now it)						
Section 2. The Work Under Co							
The Work Under Co	onsideration for Publ	ication					
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? Ves No							
Excess rows can be removed by pressing		ive more than one en	itity press the "ADD" button to add a row.				
Name of Institution/Company	Grant? Personal No	on-Financial Other	? Comments				
NIH	✓		investigator-initiated grant				
BASF	V	/	investigator-initiated grant; study agents and packaging				
Pfizer		✓	study agents and packaging				
OSM Nutritional Products, Inc		✓	study agents and packaging				
Costion 2							
Relevant financial	Section 3. Relevant financial activities outside the submitted work.						
of compensation) with entities as descri clicking the "Add +" box. You should rep	ibed in the instructions. Uport relations we	Jse one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.				
Are there any relevant conflicts of interest? Yes Vo							

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Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Sesso reports grants from NIH, grants and non-financial support from BASF, non-financial support from Pfizer, non-financial support from DSM Nutritional Products, Inc, during the conduct of the study; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

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