

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 six parts.

1. Identifying information.

2. The work under consideration for publication.

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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.

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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)
Gloria

2. Surname (Last Name)
Palmisano

3. Date
23-September-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
"A Randomized Controlled Trial Comparing Community Health Worker-led Diabetes Medication Decision-making Support for Low-income Latino and African American Adults with Diabetes Using e-Health Tools versus Print Materials"

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Palmisano has nothing to disclose.

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) Michael

2. Surname (Last Name) Spencer

3. Date 26-September-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name Michele Heisler

5. Manuscript Title
A Randomized Controlled Trial Comparing Community Health Worker-led Diabetes Medication Decision-making Support for Low-income Latino and African American Adults with Diabetes Using e-Health Tools versus Print Materials

6. Manuscript Identifying Number (if you know it)
M13-3012

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
NIDDK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Spencer reports grants from NIDDK, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)

Michele

2. Surname (Last Name)

Heisler

3. Date

02-October-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"Comparison of Community Health Worker–Led Diabetes Medication Decision-Making Support for Low-Income Latino and African American Adults With Diabetes Using E-Health Tools versus Print Materials: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Heisler 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) HwaJung	2. Surname (Last Name) Choi	3. Date 30-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michele Heisler
5. Manuscript Title A Randomized Controlled Trial Comparing Community Health Worker-led Diabetes Medication Decision-making Support for Low-income Latino and African American Adults with Diabetes Using e-Health Tools versus Print Materials		
6. Manuscript Identifying Number (if you know it) M12-3012		

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Are there any relevant conflicts of interest? Yes No

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Dr. Choi has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name)

Angela

2. Surname (Last Name)

Fagerlin

3. Date

Sept 30, 2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

RCT comparing Community Health Worker-led Diabetes

6. Manuscript Identifying Number (if you know it)

M13-3612

medication Decision
making support for
Low income Latino & AA
Adults w/ diabetes usm

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.)? *ARRQ Grant*

Are there any relevant conflicts of interest? Yes No

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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
NIH / VA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Victor

2. Surname (Last Name)
Montori

3. Date
23-September-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Michele Heisler

5. Manuscript Title

A Randomized Controlled Trial Comparing Community Health Worker-led Diabetes Medication Decision-making Support for Low-income Latino and African American Adults with Diabetes Using e-Health Tools versus Print Materials

6. Manuscript Identifying Number (if you know it)

M13-3012

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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. Montori has nothing to disclose.

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rebecca	2. Surname (Last Name) Mase	3. Date 24-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michele Heisler
5. Manuscript Title "A Randomized Controlled Trial Comparing Community Health Worker-led Diabetes Medication Decision-making Support for Low-income Latino and African American Adults with Diabetes Using e-Health Tools versus Print Materials"		
6. Manuscript Identifying Number (if you know it) M13-3012		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Mase has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lawrence

2. Surname (Last Name)
An

3. Date
02-October-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Comparison of Community Health Worker–Led Diabetes Medication Decision-Making Support for Low-Income Latino and African American Adults With Diabetes Using E-Health Tools versus Print Materials: A Randomized, Controlled Trial

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Dr. An has nothing to disclose.

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