

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

Palmisano 1



Continu 1		
Section 1. Identifying Info	rmation	
1. Given Name (First Name) Gloria	2. Surname (Last Name) Palmisano	3. Date 23-September-2014
4. Are you the corresponding author?	✓ Yes No	
	paring Community Health Worker-led Diabetes Medi merican Adults with Diabetes Using e-Health Tools ve	
6. Manuscript Identifying Number (if you	ı know it)	
Section 2. The Work Under		
The Work Under	Consideration for Publication	
	eceive payment or services from a third party (government, ing but not limited to grants, data monitoring board, study erest?	
Section 3. Relevant finance	al activities outside the submitted work.	
Place a check in the appropriate box of compensation) with entities as de	es in the table to indicate whether you have financial scribed in the instructions. Use one line for each entity report relationships that were present during the 3 6	y; add as many lines as you need by
Section 4. Intellectual Prop	perty Patents & Copyrights	
Do you have any patents, whether p	anned, pending or issued, broadly relevant to the wo	rk? Yes 🗸 No

Palmisano 2



Section 5. Relationships not severed above
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Section 6. Disclosure Statement
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Dr. Palmisano has nothing to disclose.

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Spencer 1



Section 1. Identifying Inform	nation		
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	r's Name
5. Manuscript TitleA Randomized Controlled Trial ComparisonLow-income Latino and African America6. Manuscript Identifying Number (if you knM13-3012	an Adults with Diabetes Us		9
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the conflict of the conflict	but not limited to grants, datest? Yes No	ta monitoring board, stu	dy design, manuscript preparation,
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one entit	y press the "ADD" button to add a row.
Name of Institution/Company	Grant	-Financial Other?	Comments
NIDDK	✓		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Use port relationships that were	e one line for each ent	tity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the v	vork? Yes No

Spencer 2



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Section 6
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Dr. Spencer reports grants from NIDDK, during the conduct of the study.

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Heisler 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Michele		2. Surname (Last Name) Heisler	3. Date 02-October-2014
4. Are you the cor	responding author?	✓ Yes No	
African America	Community Health Wo	rker–Led Diabetes Medication Decision-Making S Using E-Health Tools versus Print Materials: A Rar ow it)	• •
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Section 2.	The Work Under Co	onsideration for Publication	
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Section 4.			
	Intellectual Proper	ty Patents & Copyrights	
Do you have any	patents, whether plan	ned, pending or issued, broadly relevant to the w	ork? ☐ Yes ✓ No

Heisler 2



Section 5.	Delationshing not severed above				
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Dr. Heisler has no	othing to disclose.				

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Choi 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fii HwaJung	rst Name)	2. Surname (Last Name) Choi	3. Date 30-September-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Michele Heisler
Low-income Lati	ontrolled Trial Compar	an Adults with Diabetes Us	orker-led Diabetes Medication Decision-making Support for sing e-Health Tools versus Print Materials
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Section 2.	The Work Under Co	onsideration for Public	ation
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Choi 2



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Dr. Choi has nothing to disclose.	

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Choi 3

 Given Name (First Name) Are you the corresponding author? 	2. Surname (Last Name) Fagor 11		3. Date Sept	30,2014
5. Manuscript Title Carry XIVING 6. Manuscript Identifying Number (if you known) 1M (3 7 3 6) 2	`ommunita	medication making	NKEN- n De	led Dias cusion and fer
Did you or your institution at any time receive any aspect of the submitted work (including statistical analysis, etc.)? ALLOOCA Are there any relevant conflicts of intere	ve payment or services from but not limited to grants, da	i a third party (government, co	ommercial, priva	ite foundation, etc.) for
Place a check in the appropriate boxes ir of compensation) with entities as descrik clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	oed in the instructions. U ort relationships that we	se one line for each entity;	add as many lir	nes as you need by
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patent

Richardson 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Caroline	2. Surname (Last Name) Richardson		3. Date 01-October-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	's Name
5. Manuscript Title"Comparison of Community Health WordAfrican American Adults With Diabetes6. Manuscript Identifying Number (if you known)	Using E-Health Tools versi		
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interei If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, datest? Yes No ormation below. If you have	ta monitoring board, stud	dy design, manuscript preparation,
Name of Institution/Company	Grant	n-Financial other?	Comments
NIH / VA	V		
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Richardson 2



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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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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

Montori 1



Section 1. Identifying Inform	nation		
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 Nan Dr. Michele Heisler	ne
5. Manuscript Title A Randomized Controlled Trial Compar Low-income Latino and African America	an Adults with Diabetes U		
6. Manuscript Identifying Number (if you kr M13-3012	now it)	_	
Section 2. The Work Under C	onsideration for Public		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da	ita monitoring board, study des	
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	ibed in the instructions. Us port relationships that wer	se one line for each entity; ac	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrig	nhts	
mtenectaarriopei	ty - Tatents & copyrig	,1165	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Montori 2



Section 5. Relationships not covered 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/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. 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.

Evaluation and Feedback

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Montori 3



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.

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".

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Mase 1



Section 1. Identifying Inform		
Identifying Inform	ation	
Given Name (First Name) Rebecca	2. Surname (Last Name) Mase	3. Date 24-September-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Michele Heisler
for Low-income Latino and African Ame 6. Manuscript Identifying Number (if you kn M13-3012	erican Adults with Diabetes	orker-led Diabetes Medication Decision-making Support s Using e-Health Tools versus Print Materials"
Section 2. The Work Under Co	onsideration for Public	ation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Proper	ty Patents & Copyrig	hts
Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Mase 2



Section 5. Relationships not severed above
Relationships not covered above
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Section 6. Disclosure Statement
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Mase 3



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An 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Lawrence	rst Name)	2. Surname (L An	_ast Name)		3. Date 02-October-2014
4. Are you the cor	responding author?	Yes	No	Corresponding Author's Na	ame
African Americar	ommunity Health Worl	Using E-Health		on Decision-Making Supp s Print Materials: A Rando	ort for Low-Income Latino and mized, Controlled Trial
Section 2.	The Work Under Co		C. D. L.	est en	
any aspect of the s statistical analysis, Are there any relo	titution at any time recei ubmitted work (including	ve payment or s but not limited	services from a	third party (government, co	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities ou	tside the su	ıbmitted 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 Proper	ty Patents	& Copyrig	hts	
Do you have any	patents, whether plan	ned, pending o	or issued, bro	adly relevant to the work	? ☐ Yes ✓ No

An 2



Section 5. Relationships not solvered above					
Relationships not covered above					
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Dr. An has nothing to disclose.					

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An 3