

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.

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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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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

Turk 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Norman	t Name)	2. Surname (Last Name) Turk		3. Date 06-February-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam	ne
5. Manuscript Title Metformin Prescri	ption for Insured Adul	lts with Pre-diabetes 2010)-2012: A Retrospective Coho	ort Study
6. Manuscript Ident M14-1773	ifying Number (if you kn	ow it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the sul statistical analysis, et	bmitted work (including	but not limited to grants, da	a third party (government, com ata monitoring board, study desi	nmercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Relevant financial a	activities outside the s	submitted work.	
of compensation) clicking the "Add -	with entities as descril	bed in the instructions. Use port relationships that we		tionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Turk 2



Section 5.					
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/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.					
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Turk has not	hing to disclose.				

Evaluation and Feedback

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Moin 1



Section 1. Identifying Information	ation			
1. Given Name (First Name) Tannaz	2. Surname (Last Name) Moin		3. Date 04-February-2015	
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Metformin Prescription for Insured Adul	ts with Pre-diabetes	2010-2012: A Ret	rospectiv	re Cohort Study
6. Manuscript Identifying Number (if you known M14-1773	ow it)			
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Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NIDDK/CDC	✓			Grant number U58DP002722-05 - Natural Experiments for the Translation of Diabetes (NEXT-D) Study
/A Office of Academic Affiliations /HSR&D	/			VA Health Services Research and Development Advanced Fellowship Program (TPM65-010)
Section 3. Relevant financial a	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 publication . Are there any relevant conflicts of interest? Yes Vo				

Moin 2



Section 4
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Moin reports grants from NIH/NIDDK/CDC, grants from VA Office of Academic Affiliations /HSR&D, during the conduct of the study; .

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1

Duru



Section 1. Identifying In	formation				
1. Given Name (First Name) Obidiugwu	2. Surname (Last Name) Duru	3. Date 06-February-2015			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name			
5. Manuscript Title "Metformin Prescription for Insure	d Adults with Pre-diabetes 2010	0-2012: A Retrospective Cohort Study"			
6. Manuscript Identifying Number (if y M14-1773	/ou know it)				
Section 2. The Work Und	er Consideration 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. Relevant finan	ncial activities outside the s	ubmitted work.			
of compensation) with entities as o	described in the instructions. Us ild report relationships that were	ether you have financial relationships (regardless of amount se 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 Pr	anauty Datanta & Canyaia	. In the			
Intellectual Pr	operty Patents & Copyrig	mts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Duru 2



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

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Li 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Jinnan	rst Name)	2. Surname (Last Name) Li		3. Date 04-February-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nam Tannaz Moin	ue
5. Manuscript Title Metformin Presc		ılts with Pre-diabetes 2010	-2012: A Retrospective Coho	rt Study
6. Manuscript Ider M14-1773	ntifying Number (if you kr	now it)		
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Li 2



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Jinnan Li has nothing to disclose.

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Ettner 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Susan	2. Surname (Last Name) Ettner	3. Date 04-February-2015		
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Tannaz Moin		
5. Manuscript Title Metformin Prescription for Insured Add	ults with Pre-diabetes 2010	-2012: A Retrospective Cohort Study		
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Ettner 2



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

Mangione 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Carol	2. Surname (Last Name) Mangione	3. Date 04-February-2015		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Tannaz Moin, MD		
5. Manuscript Title Metformin Prescription for Insured Adu	ults with Pre-diabetes 2010	0-2012: A Retrospective Cohort Study		
6. Manuscript Identifying Number (if you k M14-1773	now it)			
Section 2. The Work Under C	onsideration for Publi	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) with entities as descr	ribed in the instructions. Use 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	rty Patents & Copyri	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Mangione 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. Mangione has nothing to disclose.

Evaluation and Feedback

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

Mangione 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".

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. Intellectual Property.

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

Ho 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Samuel	2. Surname (Last Name) Ho		3. Date 24-February-2015
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author	or's Name
5. Manuscript Title "Metformin Prescription for Insured Ad	ults With Prediabetes Fron	n 2010 to 2012:A Retro	ospective Cohort Study"
6. Manuscript Identifying Number (if you k	now it)		
		_	
Section 2. The Work Under C	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter If yes, please fill out the appropriate info	ibed in the instructions. Us port relationships that wer est?	se one line for each er	ntity; add as many lines as you need by
Name of Entity	Grant? Personal Nor	n-Financial other?	Comments
JnitedHealthcare			l am an employee of UnitedHealthcare
Section 4. Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Ho 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Ho reports of	her from UnitedHealthcare, outside the submitted work; .

Evaluation and Feedback

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Ho 3



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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

Keckhafer 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Abigail	rst Name)	2. Surname (Last Name) Keckhafer	3. Date 18-February-2015	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Tannaz Moin MD, MBA, MSHS	
5. Manuscript Title Metformin Presc	e ription for Insured Adu	ılts with Pre-diabetes		
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
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 Volume Yes				
	l			
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 publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Keckhafer 2



Section 5.				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, 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				
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Ms. Keckhafer ha	as nothing to disclose.			

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Keckhafer 3