

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.

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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) Clare	2. Surname (Last Name) Lee	3. Date 27-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kimberly Gudzone
5. Manuscript Title Efficacy of commercial weight loss programs: an updated systematic review		
6. Manuscript Identifying Number (if you know it) M14-2238		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Lee 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)

Rachit

2. Surname (Last Name)

Vakil

3. Date

27-January-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kimberly Gudzone

5. Manuscript Title

Efficacy of commercial weight loss programs: an updated systematic review

6. Manuscript Identifying Number (if you know it)

M14-2238

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Mr. Vakil has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ruchi	2. Surname (Last Name) Doshi	3. Date 27-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kimberly Gudzone
5. Manuscript Title Efficacy of commercial weight loss programs: an updated systematic review		
6. Manuscript Identifying Number (if you know it) M14-2238		

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Ms. Doshi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ambereen

2. Surname (Last Name)
Mehta

3. Date
26-January-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Efficacy of commercial weight loss programs: an updated systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Mehta has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kimberly

2. Surname (Last Name)
Gudzune

3. Date
27-January-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Efficacy of commercial weight loss programs: an updated systematic review

6. Manuscript Identifying Number (if you know it)
M14-2238

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Dr. Gudzone has nothing to disclose.

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Jeanne

2. Surname (Last Name)

Clark

3. Date

27-January-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kimberly Gudzone

5. Manuscript Title

Efficacy of commercial weight loss programs: an updated systematic review

6. Manuscript Identifying Number (if you know it)

M14-2238

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)

Sara

2. Surname (Last Name)

Bleich

3. Date

26-January-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kimberly Gudzone

5. Manuscript Title

Efficacy of commercial weight loss programs: an updated systematic review

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1. Given Name (First Name) David	2. Surname (Last Name) Jacobs	3. Date 27-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kimberly Gudzone
5. Manuscript Title Efficacy of commercial weight loss programs: an updated systematic review		
6. Manuscript Identifying Number (if you know it) M14-2238		

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Zoobia

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Chaudhry

3. Date

26-January-2015

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Yes No

Corresponding Author's Name

Kimberly Gudzone

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