

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)

Karine

2. Surname (Last Name)

Sahakyan

3. Date

29-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality"

6. Manuscript Identifying Number (if you know it)

M14-2525

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Dr. Sahakyan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thais

2. Surname (Last Name)
Coutinho

3. Date
05-October-2015

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Francisco Lopez-Jimenez

5. Manuscript Title
Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality

6. Manuscript Identifying Number (if you know it)
M14-2525

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Hodge	3. Date 28-May-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Francisco Lopez-Jimenez
5. Manuscript Title Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality		
6. Manuscript Identifying Number (if you know it) M14-2525		

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Mr. Hodge has nothing to disclose.

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1. Given Name (First Name)
Michael

2. Surname (Last Name)
Jensen

3. Date
28-May-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Francisco Lopez-Jimenez MD

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Jensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Rickey

2. Surname (Last Name)

Carter

3. Date

06-April-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lopez

5. Manuscript Title

Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality

6. Manuscript Identifying Number (if you know it)

M14-2525

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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ondrej	2. Surname (Last Name) Sochor	3. Date 27-May-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Francisco Lopez Jimenez
5. Manuscript Title "Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality"		
6. Manuscript Identifying Number (if you know it) M14-2525		

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
St. Anne's University Hospital, Brno, Czech Republic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ondrej Sochor institution St. Anne's Hospital was supported by the European Regional Development Fund – Project FNUSA-ICRC (No. CZ.1.05/1.1.00/02.0123) and by a grant awarded by the Ministry of Health of the Czech Republic (NT13434-4/2012), and by grant SCOPES IZ73Z0_152616.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Sochor reports grants from St. Anne's University Hospital, Brno, Czech Republic, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Veronique

2. Surname (Last Name)
Roger

3. Date
29-May-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Francisco Lopez-Jimenez, MD

5. Manuscript Title
Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality

6. Manuscript Identifying Number (if you know it)
M14-2525

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Dr. Roger has nothing to disclose.

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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) Virend	2. Surname (Last Name) Somers	3. Date 30-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Francisco Lopez-Jimenez
5. Manuscript Title Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality		
6. Manuscript Identifying Number (if you know it) M14-2525		

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
NIH	<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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Respicardia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Res Med	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sorin, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Philips Respironics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glaxo Smith Kline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
U-Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ronda Grey	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Philips Respironics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mayo Foundation received gift from Philips Respironics for the study of sleep and cardiovascular disease
Mayo Health Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Working with Mayo Health Solutions and their industry partners on intellectual property related to sleep and cardiovascular disease.

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

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Dr. Somers reports grants from NIH, during the conduct of the study; personal fees from Respicardia, personal fees from Res Med, personal fees from Sorin, Inc., personal fees from Philips Respironics , personal fees from Glaxo Smith Kline, personal fees from U-Health, personal fees from Ronda Grey, grants from Philips Respironics , other from Mayo Health Solutions , outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Prachi

2. Surname (Last Name)
Singh

3. Date
12-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dr. Francisco Lopez-Jimenez

5. Manuscript Title
Normal Weight Central Obesity: Implications for Total and Cardiovascular Mortality

6. Manuscript Identifying Number (if you know it)
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Dr. Singh 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)
Francisco

2. Surname (Last Name)
Lopez-jimenez

3. Date
20-August-2015

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality

6. Manuscript Identifying Number (if you know it)
M14-2525

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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.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Juan Pablo

2. Surname (Last Name)

Rodriguez-Escudero

3. Date

22-August-2105

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Normal-Weight Central Obesity: Implications for Total and Cardiovascular Mortality

6. Manuscript Identifying Number (if you know 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 (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 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 ☒ 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 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):
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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