

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.

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) Robert	2. Surname (Last Name) Peck	3. Date 20-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lindsey Jaaks
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
6. Manuscript Identifying Number (if you know it) M15-1068		

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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Dr. Peck has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Racquel

2. Surname (Last Name)
Kohler

3. Date
20-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lindsay Jaacks

5. Manuscript Title
Global non-communicable disease research: Opportunities and challenges

6. Manuscript Identifying Number (if you know it)
15-1068

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Dr. Kohler has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thomas

2. Surname (Last Name)
Gaziano

3. Date
22-May-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lindsay Jaacks, PhD

5. Manuscript Title
Global non-communicable disease research: Opportunities and challenges

6. Manuscript Identifying Number (if you know it)
M15-1068

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Dr. Gaziano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) K.M. Venkat	2. Surname (Last Name) Narayan	3. Date 19-May-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
6. Manuscript Identifying Number (if you know it) M15-1068		

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Dr. Narayan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Bartlett

3. Date
19-May-2015

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

5. Manuscript Title
Global non-communicable diseases research: Opportunities and challenges

6. Manuscript Identifying Number (if you know it)
MS15-1068

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1. Given Name (First Name) Douglas	2. Surname (Last Name) Heimbürger	3. Date 19-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lindsay M. Jaacks
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
6. Manuscript Identifying Number (if you know it) M15-1068		

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Heimburger 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) Karen	2. Surname (Last Name) Siegel	3. Date 19-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lindsay Jaacks
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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) Watkins	3. Date 19-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lindsay Jaacks
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
6. Manuscript Identifying Number (if you know it) _____		

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mohammed	2. Surname (Last Name) Ali	3. Date 19-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges	_____	
6. Manuscript Identifying Number (if you know it) M15-1068	_____	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gerald

2. Surname (Last Name)

Bloomfield

3. Date

19-May-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lindsay Jaacks

5. Manuscript Title

Global non-communicable disease research: Opportunities and challenges

6. Manuscript Identifying Number (if you know it)

M15-1068

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Section 1. Identifying Information

1. Given Name (First Name) Christine	2. Surname (Last Name) Ngaruiya	3. Date 20-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lindsay Jaacks
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
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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)
Lindsay

2. Surname (Last Name)
Jaacks

3. Date
19-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Global non-communicable disease research: Opportunities and challenges

6. Manuscript Identifying Number (if you know it)
M15-1068

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Jaacks 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)
Olivia

2. Surname (Last Name)
Manders

3. Date
02-June-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lindsay Jaacks, PhD

5. Manuscript Title
"Global non-communicable disease research: Opportunities and challenges"

6. Manuscript Identifying Number (if you know it)
M15-1068

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Ms. Manders has nothing to disclose.

Evaluation and Feedback

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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) Kasia	2. Surname (Last Name) Lipska	3. Date 02-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lindsey Jaacks
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
6. Manuscript Identifying Number (if you know it) M15-1068		

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.

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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
Pepper Center Research Career Development Award	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research award for the study of hypoglycemia among older adults
Paul B. Beeson Patient-Oriented Research Career Development Award in Aging (K23)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Predicting hypoglycemia among older adults with diabetes
Centers for Medicare and Medicaid Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Support to develop and maintain publicly reported quality measures.

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. Lipska reports grants from Pepper Center Research Career Development Award, grants from Paul B. Beeson Patient-Oriented Research Career Development Award in Aging (K23) , other from Centers for Medicare and Medicaid Services, outside the submitted work; .

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) Melissa	2. Surname (Last Name) Burroughs Pena	3. Date 19-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lindsay Jaacks
5. Manuscript Title Global non-communicable disease research: Opportunities and challenges		
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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Burroughs Pena 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) _____ Sandeep

2. Surname (Last Name) _____ Kishore

3. Date _____

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

5. Manuscript Title
Global non-communicable disease research: Opportunities and challenges

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kishore 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)
William

2. Surname (Last Name)
Checkley

3. Date
21-July-2015

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

5. Manuscript Title
Global non-communicable disease research: Opportunities and challenges

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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