

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Neesha

2. Surname (Last Name)
Nathwani

3. Date
14-March-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-2568

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Dr. Nathwani has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Hampp

3. Date
07-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Darren Toh

5. Manuscript Title
Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-2568

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Section 1. Identifying Information

1. Given Name (First Name) Sengwee 2. Surname (Last Name) Toh 3. Date 07-March-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

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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
FDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The work was conducted under the Mini-Sentinel contract funded by the FDA.

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Dr. Toh reports grants from FDA, during the conduct of the study; .

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1. Given Name (First Name)
Marie

2. Surname (Last Name)
Griffin

3. Date
07-March-2016

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

5. Manuscript Title
"Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study"

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Harvard Pilgrim Health Care, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Griffin reports grants from Harvard Pilgrim Health Care, Inc, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Graham	3. Date 08-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sengwee Toh
5. Manuscript Title Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study		
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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)

AARTHI

2. Surname (Last Name)

IYER

3. Date

08-March-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

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.

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jack	2. Surname (Last Name) Hamilton	3. Date 09-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sengwee Toh
5. Manuscript Title Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study		
6. Manuscript Identifying Number (if you know it) M15-2568		

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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

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Mr. Hamilton 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) Madelyn	2. Surname (Last Name) Pimentel	3. Date 14-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Sengwee Toh
5. Manuscript Title Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study		
6. Manuscript Identifying Number (if you know it) M15-2568		

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Dr. Pimentel 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) Samuel 2. Surname (Last Name) Lendle 3. Date 21-March-2016

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

5. Manuscript Title
Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)

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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
FDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mini-Sentinel project

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

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Dr. Lendle reports grants from FDA, 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)
Suchitra

2. Surname (Last Name)
Balakrishnan

3. Date
14-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Sengwee Toh

5. Manuscript Title
Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)

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Dr. Balakrishnan 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)
Malcolm

2. Surname (Last Name)
Rucker

3. Date
14-March-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)
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Dr. Rucker 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) Bruce	2. Surname (Last Name) Fireman	3. Date 14-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sengwee Toh
5. Manuscript Title Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs:		
6. Manuscript Identifying Number (if you know it) M15-2568		

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

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

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Dr. Fireman 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)
Nancy

2. Surname (Last Name)
Brown

3. Date
07-March-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Sengwee Toh, ScD

5. Manuscript Title
Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-2568

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
Novartis Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting and service on an adjudication committee

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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Dr. Brown reports personal fees from Novartis Pharmaceuticals, 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) Frank	2. Surname (Last Name) Pucino	3. Date 07-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sengwee Toh, ScD
5. Manuscript Title Risk of Hospitalized Heart Failure among New Users of Saxagliptin, Sitagliptin, and Other Antihyperglycemic Drugs: A Retrospective Cohort Study		
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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marsha

2. Surname (Last Name)
Reichman

3. Date
08-March-2016

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

5. Manuscript Title
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