

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.

1. 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.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Yue	2. Surname (Last Name) Chu	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name
5. Manuscript Title Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis		
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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Dr. Chu 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) Eva	2. Surname (Last Name) Tseng	3. Date 05-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lisa Wilson
5. Manuscript Title Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) M15-2650		

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) susan	2. Surname (Last Name) hutless	3. Date 14-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis		
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Dr. hutless 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)
Shari

2. Surname (Last Name)
Bolen

3. Date
03-March-2016

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

5. Manuscript Title
Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)
M15-2650

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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
Agency for Health Care Research and Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract to complete the systematic review

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Dr. Bolen reports other from Agency for Health Care Research and Quality, during the conduct of the study; .

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Zackary

2. Surname (Last Name)
Berger

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03-March-2016

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	contract funds

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Dr. Berger reports other from AHRQ, 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) Emmanuel	2. Surname (Last Name) lyoha	3. Date 22-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shari Bolen
5. Manuscript Title Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis		
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

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. lyoha 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)
Nisa

2. Surname (Last Name)
Maruthur

3. Date
05-January-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)
M15-2650

Section 2. The Work Under Consideration for Publication

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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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSA2902012000071

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Dr. Maruthur reports grants from AHRQ 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)
Lisa

2. Surname (Last Name)
Wilson

3. Date
05-January-2016

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

5. Manuscript Title
Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis

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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
Agency for Healthcare Research and Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract No. 290-2012-00007-1

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wilson reports other from Agency for Healthcare Research and Quality, 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)
Jodi

2. Surname (Last Name)
Segal

3. Date
06-January-2016

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

5. Manuscript Title
Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis"

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Catalina

2. Surname (Last Name)
Suarez-Cuervo

3. Date
07-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lisa Willson

5. Manuscript Title
"Diabetes Medications as Monotherapy or Metformin-Based Combination Therapy for Type 2 Diabetes: Systematic Review and Meta-Analysis"

6. Manuscript Identifying Number (if you know it)
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