

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.

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.

Relationships not covered above.

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Definitions.

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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

Wilt 1



Section 1. Ide	entifying Informat	tion				
1. Given Name (First Na Timothy	•	2. Surname (Last N Wilt	lame)		3. Date 30-January-2017	
4. Are you the corresponding author?		Yes ✓ No		Corresponding Author's Qaseem	Name	
5. Manuscript Title Oral Pharmacologic T of Physicians"	reatment of Type 2 [Diabetes Mellitus	: A Clini	cal Practice Guideline U	pdate from the American College	
6. Manuscript Identifyir M16-1860	ng Number (if you know	v it)				
Section 2. The	e Work Under Con	sideration for	Public	ation		
	itted work (including bu	ut not limited to gr			, commercial, private foundation, etc.) fo or design, manuscript preparation,	ır
Section 3. Rel	evant financial ac	tivities outsid	e the s	ubmitted work.		
of compensation) wit	h entities as describe oox. You should repor	ed in the instructi rt relationships th	ions. Use	e one line for each entit	relationships (regardless of amount y; add as many lines as you need by 6 months prior to publication .	
Section 4. Into	ellectual Property	Patents & C	opyrig	hts		
Do you have any pate	ents, whether planne	d, pending or iss	ued, bro	padly relevant to the wo	ork? Yes 🗸 No	

Wilt 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Wilt 3



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patent

Humphrey 1



Section 1. Identifying Inforn	nation				
1. Given Name (First Name) Linda	2. Surname (Last Name) Humphrey	3. Date 29-Nove	ember-2016		
4. Are you the corresponding author?		Corresponding Author's Name Amir Qaseem			
5. Manuscript TitleOral Pharmacologic Treatment of Type of Physicians"6. Manuscript Identifying Number (if you keep)		cal Practice Guideline Update from t	the American College		
Oral Pharmacologic Treatment of Type Section 2. The Work Under C			ha Amarican Collada		
The Work Under C	onsideration for Public	ation			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da				
Section 3. Relevant financial	activities outside the s	ubmitted work.			
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter-	ibed in the instructions. Us port relationships that wer	e one line for each entity; add as ma	any lines as you need by		
Section 4. Intellectual Proper	utur Datanta (Canada	hee			
intellectual Prope	rty Patents & Copyric	nts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	S No		

Humphrey 2



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Dr. Humphrey has nothing to disclose.

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Humphrey 3



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fitterman 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) nick	2. Surname (Last Name) fitterman		3. Date 29-November-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Amir Quaseem	ne
Manuscript TitleOral Pharmacologic Treatment of Type of Physicians	2 Diabetes Mellitus: A Clin	ical Practice Guideline Upda	ate from the American College
6. Manuscript Identifying Number (if you kr m16-1860	now it)	_	
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described the "Add +" box. You should repare there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	se one line for each entity; ac	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyric	where	
intellectual Propel	rty Patents & Copyrig	jnts —	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

fitterman 2



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Barry 1



Section 1. Identifying Inform	ation		
Given Name (First Name) Michael	2. Surname (Last Nam Barry	e)	3. Date 29-November-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Correspond Amir Qase	ding Author's Name eem
5. Manuscript Title Oral Pharmacologic Treatment of Type of Physicians	2 Diabetes Mellitus: A	Clinical Practice	Guideline Update from the American College
6. Manuscript Identifying Number (if you kn M16-1860	now it)		
Continu 2			
Section 2. The Work Under Co	onsideration for Pu	blication	
	but not limited to grant	s, data monitoring	(government, commercial, private foundation, etc.) g board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside t	he submitted v	work.
of compensation) with entities as descri	bed in the instruction	s. Use one line fo	ave financial relationships (regardless of amou or each entity; add as many lines as you need b luring the 36 months prior to publication.
Are there any relevant conflicts of interes	est? 🗸 Yes 🗌 N	lo	
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments
nformed Medical Decisions Foundation, a nonprofit	✓	/	Salary as president and board member, travel reimbursement, grant to Massachusetts General Hospital for prostate research
Healthwise, a nonprofit	✓	✓	Salary as Chief Science Officer, travel reimbursement, grant to Massachusetts General Hospital for

Barry 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Barry reports grants, personal fees and non-financial support from Informed Medical Decisions Foundation, a nonprofit, grants, personal fees and non-financial support from Healthwise, a nonprofit, outside the submitted work; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Barry 3



AMERICAN COLLEGE OF PHYSICIANS DISCLOSURE OF INTERESTS

Identifying Information						
First Name Carrie						
Middle Initial A.						
Last Name Horwitch						
Post-Nominal MD, FACP						
Date 1/30/17						
Instructions						
There are four parts to this form to complete: Section I relates to your own financial interests. Section III relates to your own non-financial interests. Section IV relates to the financial interests of close personal related to the non-financial interests of close personal	al relations (e.g. spouse, pus and specify the approp	partner, household member).	if			
Section I: Financial Interests (Self)						
a. Please list all employment from the past 3 years.						
Employer	Status	Amount Add/Rem	iove			
Virginia Mason Medical Center	Active (Current)	\$100,001 or more +	_			
In the past 3 years, have you received any financial support or remuneration from:						
b. Grants, contracts, sponsorships, or other research funding (if listed a	s principle investigator)	☐ Yes 🔀 No				
c. Participation in any speaker's bureaus		⊠ Yes □ No				
Organization and Role	Status	Amount Add/Rem	iove			
Virginia Mason Medical Center	Active (Current)	+				
d Participation on any executive heards		⊠ Yes □ No				

	Organization and Role	Status		А	mount		Add/Ren
	American College of Physicians, board of regents	Active (Current)					+
Со	nsulting, honoraria, or any other advisory roles, or acting as exp	ert witness			⊠ Yes		No
	Organization and Role	Status		А	mount		Add/Ren
	I-TECH/University of Washington	Inactive (Past 3 Years)	Up	to \$1,	000		+
	Oakstone publishing -inactive as of march 2016	Active (Current)	\$1,	001 –	5,000		+
the	e past 3 years, have you held any:						
Sto	cks, bonds, stock options, or other securities*				⊠ Yes		No
	Investment	Status		А	mount		Add/Ren
	leMaitre- was sold in past 6 months so no current stock	Active (Current)	Up	to \$1,	000		+
Pat	tents, trademarks, copyrights, or other proprietary rights				Yes	\boxtimes	No
Do	you have any other financial interests to report?				Yes	\boxtimes	No
xclu	iding broadly diversified investments, such as mutual funds or pension funds						
ecti	ion II: Non-Financial Interests (Self) se past 3 years, have you:						
ecti	ion II: Non-Financial Interests (Self)						No
ecti	ion II: Non-Financial Interests (Self) ne past 3 years, have you:	Status	Add/R	emove			No
ecti	ion II: Non-Financial Interests (Self) ne past 3 years, have you: rticipated in advocacy or lobbying organization(s)	Status Active (Current)	Add/R	emove			No
Pal	ion II: Non-Financial Interests (Self) se past 3 years, have you: rticipated in advocacy or lobbying organization(s) Organization and Topic Area	Active (Current)	+	_	∀es		No
Pa	ion II: Non-Financial Interests (Self) The past 3 years, have you: Tricipated in advocacy or lobbying organization(s) Organization and Topic Area ACP Services, treasurer Tricipated in work groups or committees at other medical special	Active (Current)	+	e			
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	Publication Title	Publication Year	Add/Remove		
	HPPC policy papers on reducing cost of medications, GME funding	2016	+ -		
	Medscape case study: where there is smoke theres fired	2015	+ -		
e. Do	you have any other nonfinancial interests to report?	·		Yes	⊠ No
Section	on III: Financial Interests (Close personal relations)				
	personal relations include but are not limited to spouses, partners, or ho	usehold members.			
a. Plea	ase list all current and previous employers from the past 3 years fo	or <u>close personal relation</u>	I <u>S.</u>		
	Employer Rela	ation Status		Amount	Add/Remove
					+ -
	you have any healthcare-related financial interests from the past nal relations?	3 years to report for close	e	Yes	⊠ No
	These include but are not limited to:				
	Grants, contracts, sponsorships, or other research fundi	ng (if listed as principle ir	าvestigato	r)	
	Speaker's bureaus				
	Executive boards or other advisory roles				
	Consulting or honoraria				
	Acting as expert witness (compensated)				
Section	on IV: Non-Financial Interests (Close personal relations)				
a. Do	you have any healthcare-related non-financial interests from the p	 past 3 years to report for	close	☐ Yes	No
	nal relations?	, , , , , , , , , , , , , , , , , , , ,	0.000	☐ Tes	⊠ No
	These include but are not limited to:				
	Advocacy or lobbying organizations				
	Work groups or committees at other medical specialty s	ocieties or other health c	care organ	nizations	
	Advisory boards				
	Writing or consulting on medical education materials, o	r			
	Acting as expert witness (not compensated)				
	ve close personal relations published on any of the following topic e also consider papers under development.	areas in the last three ye	ears?	Yes	⊠ No

For ACP Staff:

Generate Summary

Reset Form



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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

Qaseem 1



Section 1.	Identifying Inform	ation					
Given Name (First Name) Amir Are you the corresponding author?		2. Surname (Last Name) Qaseem		3. Date 01-December-2016			
		✓ Yes	No				
Oral Pharmacolo of Physicians	6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideratio	n for Publication				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited		_	mmercial, private foundation, etc.) for sign, manuscript preparation,		
Section 3.	Relevant financial	activities ou	ıtside the submitted	l work.			
of compensation clicking the "Add) with entities as descri	bed in the insport relationsh	tructions. Use one line	for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.		
Section 4.	Intellectual Proper	ty Patent	s & Copyrights				
Do you have any	patents, whether plan	ned, pending	or issued, broadly relev	rant to the work?	Yes V No		

Qaseem 2



Section 5. Polationships not sovered above
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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Royalties: Funds are coming in to you or your institution due to your patent

Kansagara 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Devan		2. Surname (Last Name) Kansagara	3. Date 12-December-2016
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Amir Qaseem
Manuscript Title Oral Pharmacolo of Physicians		2 Diabetes Mellitus: A Clin	nical Practice Guideline Update from the American College
6. Manuscript Ider M16-1860	ntifying Number (if you kn	now it)	
	ı		
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Use port relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tre present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any			roadly relevant to the work? Yes V No

Kansagara 2



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Relationships not covered above
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Dr. Kansagara has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

Forciea 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Mary Ann	2. Surname (Last Name) Forciea	3. Date 23-September-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Quaseem
5. Manuscript Title Evaluation of Patients with Suspected	Pulmonary Embolism: A G	uideline from the ACP
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
,		
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 Vo		
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No

Forciea 2



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McLean 1



Section 1. Ident	ifying Information			
1. Given Name (First Name Robert	e) 2. Sui	rname (Last Name) ean		3. Date 19-October-2016
4. Are you the corresponding author? ✓ Yes No				
5. Manuscript Title The Long and Winding R	Road to Clinical Guidel	ines on the Diagnos	is and Managemen	t of Gout
6. Manuscript Identifying N M16-2426	Number (if you know it)			
Section 2. The W	ork Under Conside	eration for Public	ation	
any aspect of the submitted statistical analysis, etc.)? Are there any relevant co	d work (including but no			nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
Section 3. Relev	ant financial activit	ties outside the s	ubmitted work.	
of compensation) with e	ntities as described in You should report rel onflicts of interest?	the instructions. Use ationships that were Yes No	e one line for each e	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication .
Name of Entity	Gran	Personal Non	-Financial other	Comments
Takeda Pharmaceuticals				speakers bureau - inactive since 3/15
Section 4. Intelle	ectual Property P	atents & Copyrig	hts	
Do you have any patents	s, whether planned, pe	ending or issued, bro	oadly relevant to the	e work? Yes 🗸 No

McLean 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	ican College of Physicians Clinical Guidelines Committee ican College of Rheumatology Quality of Care Committee
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.
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and Member of	rts personal fees from Takeda Pharmaceuticals speakers' bureau prior to 2015, outside the submitted work; American College of Physicians Clinical Guidelines Committee and Member of American College of Quality of Care Committee.

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