

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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) Matthew

2. Surname (Last Name) Maciejewski

3. Date 08-November-2016

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

5. Manuscript Title Maintenance of Weight Loss after Nutrition TRAINing (MAINTAIN): A randomized trial

6. Manuscript Identifying Number (if you know it) M16-2160

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
VA HSR&D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stock ownership due to spouse's employment
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NCQA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract for work with Centers for Medicare and Medicaid Services

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Section 6. Disclosure Statement

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Dr. Maciejewski reports grants from VA HSR&D, during the conduct of the study; non-financial support from Amgen, grants from AHRQ, grants from NCQA, 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)
Jamiyla

2. Surname (Last Name)
Bolton

3. Date
09-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Maintenance of Weight Loss after Nutrition TRAINing (MAINTAIN): A randomized trial.

6. Manuscript Identifying Number (if you know it)
M16-2160

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Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Strawbridge

3. Date
09-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Maintenance of Weight Loss after Nutrition TrAining (MAINTAIN): A randomized trial

6. Manuscript Identifying Number (if you know it)
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Ms. Strawbridge reports grants from VA HSR&D, 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)
Leslie

2. Surname (Last Name)
Gaillard

3. Date
26-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
"MAINTAIN weight loss program: A randomized trial

6. Manuscript Identifying Number (if you know it)
M16-2160

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Leslie Gaillard 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) Janet	2. Surname (Last Name) Grubber	3. Date 15-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corrine Voils
5. Manuscript Title Maintenance After Initiation of Nutrition TrAINing (MAINTAIN): A randomized trial to evaluate the efficacy of a weight loss maintenance intervention		
6. Manuscript Identifying Number (if you know it) M16-2160		

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Ms. Grubber 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) Megan	2. Surname (Last Name) McVay	3. Date 08-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Maintenance After Initiation of Nutrition TrAINing (MAINTAIN): A randomized trial to evaluate the efficacy of a weight loss maintenance intervention	_____	
6. Manuscript Identifying Number (if you know it) M16-2160	_____	

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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Section 6. Disclosure Statement

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Dr. McVay 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)

Jennifer

2. Surname (Last Name)

Gierisch

3. Date

08-November-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Corrine I Voils

5. Manuscript Title

Maintenance After Initiation of Nutrition TrAINing (MAINTAIN): A randomized trial to evaluate the efficacy of a weight loss maintenance intervention

6. Manuscript Identifying Number (if you know it)

M16-2160

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Gierisch 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)
William

2. Surname (Last Name)
Yancy

3. Date
08-November-2016

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

5. Manuscript Title
Maintenance After Initiation of Nutrition TrAINing (MAINTAIN): A randomized trial to evaluate the efficacy of a weight loss maintenance intervention

6. Manuscript Identifying Number (if you know it)
M16-2160

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
Department of Veterans Affairs	<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
University of Pennsylvania/Weight Watchers International	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Yancy reports grants from Department of Veterans Affairs, during the conduct of the study; personal fees from University of Pennsylvania/Weight Watchers International, grants from NIH, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Corrine

2. Surname (Last Name)
Voils

3. Date
08-November-2016

4. Are you the corresponding author? Yes No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maren	2. Surname (Last Name) Olsen	3. Date 05-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Corrine Voils
5. Manuscript Title MAINTAIN weight loss program: A randomized trial		
6. Manuscript Identifying Number (if you know it)		

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