

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.

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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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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)
Steven

2. Surname (Last Name)
Hooker

3. Date
11-July-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Keith Diaz

5. Manuscript Title

Patterns of sedentary behavior and mortality in U.S. middle-aged and older adults: A national cohort study

6. Manuscript Identifying Number (if you know it)

M17-0212

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

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Dr. Hooker has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Steven 2. Surname (Last Name) Blair 3. Date 21-July-2017

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

5. Manuscript Title
Patterns of sedentary behavior and mortality in U.S. middle-aged and older adults: A national cohort study

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

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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Coca-Cola Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Blair reports grants from NIH, grants from The Coca-Cola Company, 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)
Brent

2. Surname (Last Name)
Hutto

3. Date
18-July-2017

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

5. Manuscript Title
Patterns of sedentary behavior and mortality in U.S. middle-aged and older adults: A national cohort study

6. Manuscript Identifying Number (if you know it)
M17-0212

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NIH/NINDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REGARDS-PA R01 NS061846-04
Coca-Cola	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support for REGARDS-PA Analysis

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Keith

2. Surname (Last Name)
Diaz

3. Date
18-July-2017

4. Are you the corresponding author? Yes No

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Dr. Diaz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Vena	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keith Diaz
5. Manuscript Title Patterns of sedentary behavior and mortality in U.S. middle-aged and older adults: A national cohort study		
6. Manuscript Identifying Number (if you know it) M17-0212		

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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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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)
Virginia

2. Surname (Last Name)
Howard

3. Date
23-July-2017

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

5. Manuscript Title
Patterns of sedentary behavior and mortality in US middle-aged and older adults: A national cohort study

6. Manuscript Identifying Number (if you know it)
M17-0212

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
NIH/NINDS	<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

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. Howard reports grants from NIH/NINDS, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Natalie

2. Surname (Last Name)
Colabianchi

3. Date
21-July-2017

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

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National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant from NINDS: R01 NS061846

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) MONIKA	2. Surname (Last Name) SAFFORD	3. Date 17-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Diaz
5. Manuscript Title Sedentary Behavior and Mortality		
6. Manuscript Identifying Number (if you know it)		

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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. has nothing to disclose.

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