

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.

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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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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

Herman 1



Section 1.	Identifying Inforn	nation						
1. Given Name (Fi William	rst Name)	2. Surname (Last Name) Herman		3. Date 19-January-2017				
4. Are you the cor	responding author?	☐ Yes ✓ No		Corresponding Author's Name Chamberlain, James				
5. Manuscript Title Pharmacologic A Medical Care in I	approaches to Glycemi	c Treatment: Synopsis of	the 2017 Americar	n Diabetes Association's Standards of				
6. Manuscript Ider M16-2937	cript Identifying Number (if you know it)							
	l							
Section 2.	The Work Under C	onsideration for Publ	ication					
	ubmitted work (including			rnment, commercial, private foundation, etc.) for rd, study design, manuscript preparation,				
•	re there any relevant conflicts of interest? Yes V No							
	l							
Section 3.	Relevant financial	activities outside the	submitted worl	K.				
of compensation) with entities as descr	ibed in the instructions. U	Jse one line for eac	nancial relationships (regardless of amount th entity; add as many lines as you need by g the 36 months prior to publication.				
	evant conflicts of inter							
If yes, please fill o	out the appropriate inf	ormation below.						
Name of Entity		Grant	on-Financial Support	er? Comments				
exicon Pharmaceuti	cals			Data Monitoring Committee				
Merck Sharp & Dohm	e			Data Monitoring Committee				
Section 4.	Intellectual Prope	rty Patents & Copyri	ights					
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to	the work? Yes No				

Herman 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?
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Section 6. Disclosure Statement
Disclosure statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Herman reports other from Lexicon Pharmaceuticals, other from Merck Sharp & Dohme, outside the submitted work; .

Evaluation and Feedback

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Herman 3



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Shubrook 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fii Jay	rst Name)	2. Surname Shubrook	e (Last Name)		3. Date 17-July-2017			
4. Are you the cor			-	Corresponding Author's Name James Chamberlain				
5. Manuscript Title Pharm treatment of type 1 diabetes: ADA synopsis								
6. Manuscript Ider	ntifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	onsiderati	on for Publ	ication				
	ubmitted work (including					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,		
•	evant conflicts of intere			ve more than	one ent	ity press the "ADD" button to add a row.		
	pe removed by pressing		tton.		Tone ene	button to add a fow.		
Name of Institut	ion/Company	Grant?		on-Financial Support	Other?	Comments		
illy					✓	Advisory Board		
NovoNordisk					✓	Advisory Board		
ntarcia					✓	Advisory Board		
Section 3.	Relevant financial	activities (outside the	submitted	work.			
of compensation) with entities as descri	bed in the i	nstructions. l	Jse one line fo	or each e	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.		
Are there any rele	evant conflicts of intere	est? Ye	es 🗸 No					
Section 4.	Intellectual Proper	ty Pater	nts & Copyr	ights				
Do you have any	patents, whether plan	ned, pendin	ıg or issued, b	oroadly releva	ant to the	work? ☐ Yes ✓ No		

Shubrook 2



Section 5. Relationships not sovered above
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Shubrook 3



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1

Leal



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Sandra	rst Name)	2. Surname (Last Name) Leal	3. Date 06-July-2017				
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Jim Chamberlain, MD				
5. Manuscript Title Treatment of Typ		of the 2017 American Dia	betes Association's Standards of	f Medical Care in Diabetes			
6. Manuscript Ider M17-1259	ntifying Number (if you kr	ow it)					
			_				
Section 2.	The Work Under Co	onsideration for Public	cation				
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commer ta monitoring board, study design,				
Section 3.	Relevant financial	activities outside the s	submitted work.				
of compensation clicking the "Add) with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relation se one line for each entity; add as e present during the 36 month	s many lines as you need by			
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts				
Do you have any			oadly relevant to the work?]Yes ✓ No			

Leal 2



Soction F	
Section 5.	elationships not covered above
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Kalyani 1



Section 1. Identifying	Identifying Information						
1. Given Name (First Name) Rita	2. Surname (Last Name) Kalyani	3. Date 05-July-2017					
4. Are you the corresponding auth	or? Yes ✓ No	Corresponding Author's Name					
5. Manuscript Title Treatment of Type 1 Diabetes: S	synopsis of the 2017 American Dia	betes Association's Standards of Medical Care in Diabetes"					
6. Manuscript Identifying Number	(if you know it)						
Section 2. The Work U	nder Consideration for Public	ation					
Did you or your institution at any t i	i me receive payment or services from ncluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,					
Section 3. Relevant fin	ancial activities outside the s	ubmitted work.					
of compensation) with entities a	as described in the instructions. Us ould report relationships that wer	ether you have financial relationships (regardless of amount ee one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .					
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Do you have any patents, wheth	ner planned, pending or issued, br	oadly relevant to the work? Yes V No					

Kalyani 2



Section 5.	
	Relationships not covered above
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Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kalyani has no	thing to disclose.

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Kalyani 3



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Identifying Information	ation							
Given Name (First Name) Andrew	2. Surnai Rhineha	me (Last Nar rt	me)		3. Date 23-January-2016			
4. Are you the corresponding author?	ne corresponding author?							
5. Manuscript Title Treatment of Type 1 Diabetes: Synopsis of the 2017 American Diabetes Association's Standards of Medical Care in Diabetes								
6. Manuscript Identifying Number (if you know it) M17-1259								
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Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests	but not lin		nts, data monitoring					
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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments			
ianofi		√			Last interaction 4/2015: Speakers bureau & consulting/advisory board (s)			
anssen Pharmaceuticals		√			Last interaction 4/2015: Speakers bureau & consulting/advisory board (s)			
Boehringer Ingelheim		√			Last interaction 4/2015: Speakers bureau & consulting/advisory board (s)			
Novo Nordisk		✓			Last interaction 4/2015: Speakers bureau & writing support			



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eli Lilly		✓			Last interaction 4/2015: Speakers bureau
Forest Pharmaceuticals		√			Last interaction 4/2015: Speakers bureau & consulting/advisory board (s)
Astra Zeneca		✓			Last interaction 4/2015: Speakers bureau
Glytec				✓	Employee since 4/2015 & stock
Do you have any patents, whether plann				nt to the	work? ☐ Yes 🗸 No
Section 5. Relationships not c	overed	above			
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Yes, the following relationships/conc	litions/cir	cumstance	es are present (exp	olain belo	w):
✓ No other relationships/conditions/cir	rcumstan	ces that pre	esent a potential o	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this forn below.	n will auto	omatically (generate a disclos	sure state	ment, which will appear in the box
Dr. Rhinehart reports personal fees from Sanofi, personal fees from Janssen Pharmaceuticals, personal fees from Boehringer Ingelheim, personal fees from Novo Nordisk, personal fees from Eli Lilly, personal fees from Forest Pharmaceuticals, personal fees from Astra Zeneca, other from Glytec, 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.

Use this section to report 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.

Definitions.

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

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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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

Chamberlain 1



	ı							
Section 1.	Identifying Infor	mation						
1. Given Name (Fi James	rst Name)	2. Surname (Last Chamberlain	Name)	3. Date 21-January-2016				
4. Are you the corresponding author?		✓ Yes N	✓ Yes No					
5. Manuscript Titl Treatment of Ty		s of the 2017 Ameri	can Diabetes Assoc	ciation's St	andards of Medical Care in Diabet	es		
6. Manuscript Ide M17-1259	ntifying Number (if you l	know it)						
	ı							
Section 2.	The Work Under (Consideration fo	Publication					
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (includir etc.)? evant conflicts of inte	rest? Yes [formation below. If	rants, data monitorir No you have more tha	ng board, st n one enti	ent, commercial, private foundation, eudy design, manuscript preparation, eity press the "ADD" button to add			
Name of Institut	ion/Company	Grant? Persor Fees		Other?	Comments			
Merck					Speakers bureau			
Sanofi Aventis					Speakers bureau			
anssen					Speakers bureau			
Novo Nordisk					Speakers bureau			
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_	I +" box. You should ro evant conflicts of inte		:hat were present (No	during the	e 36 months prior to publication	•		

Chamberlain 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. 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):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Chamberlain reports personal fees from Merck, personal fees from Sanofi Aventis, personal fees from Janssen, and personal fees from Novo Nordisk during the conduct of the study; .

Evaluation and Feedback

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

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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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

Skolnik 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Neil	2. Surname (Last Nam Skolnik	ne)		3. Date 06-February-2017	
4. Are you the corresponding author?	Yes ✓ No		ling Author's N berlain MD	Name	
5. Manuscript Title Treatment of Type 1 Diabetes: Synopsis	of the 2017 Americar	n Diabetes Assoc	ation?s Stand	dards of Medical Care in Di	abetes"
6. Manuscript Identifying Number (if you kno M17-1259	ow it)				
Section 2. The Work Under Co		11:			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	ve payment or services to but not limited to grant	from a third party (
Section 3. Relevant financial a	activities outside t	he submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interests.	oed in the instruction ort relationships that st? Yes N	ıs. Use one line fo	r each entity	; add as many lines as you	need by
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments	
Astra Zeneca		✓			
Boehringer Ingelheim					
Lilly					
Teva					
Sanofi		✓			
Janssen Pharmaceuticals					
Intarcia					

Skolnik 2



Section 4.	latella tival Duan auto. Detecto 9 Canani alet			
	Intellectual Property Patents & Copyrights			
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes V			
Section 5.	Relationships not covered above			
	elationships 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 relationships/conditions/circumstances that present a potential conflict of interest				
	imary Care Advisory Committee of the American Diabetes Association			
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals 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			
personal fees fro Janssen Pharma	rts personal fees and non-financial support from Astra Zeneca, personal fees from Boehringer Ingelheim, om Lilly, personal fees from Teva, personal fees and non-financial support from Sanofi, personal fees from ceuticals, personal fees from Intarcia, outside the submitted work; and Serves on the Primary Care Advisory ne American Diabetes Association.			

Evaluation and Feedback

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

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