

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.

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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)
Perri

2. Surname (Last Name)
Morgan

3. Date
08-March-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jackson

5. Manuscript Title

Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?

6. Manuscript Identifying Number (if you know it)

M17-1987

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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Dr. Morgan 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)
Brandolyn

2. Surname (Last Name)
White

3. Date
20-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
George L. Jackson

5. Manuscript Title
Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?

6. Manuscript Identifying Number (if you know it)
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Ms. White has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sandra	2. Surname (Last Name) Woolson	3. Date 20-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. George Jackson
5. Manuscript Title Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?		
6. Manuscript Identifying Number (if you know it) M17-1987		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christine

2. Surname (Last Name)
Everett

3. Date
15-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
George L. Jackson

5. Manuscript Title
Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?

6. Manuscript Identifying Number (if you know it)
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Dr. Everett has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Edelman	3. Date 15-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?"		
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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"/>	

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Dr. Edelman reports grants from Department of Veterans Affairs, 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)
Cristina

2. Surname (Last Name)
Hendrix

3. Date
08-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
George Jackson

5. Manuscript Title
"Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?"

6. Manuscript Identifying Number (if you know it)
M17-1987

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Theodore

2. Surname (Last Name)
Berkowitz

3. Date
08-March-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Virginia Wang

5. Manuscript Title
Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?

6. Manuscript Identifying Number (if you know it)
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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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Mr. Berkowitz 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) George	2. Surname (Last Name) Jacksson	3. Date 28-August-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants		
6. Manuscript Identifying Number (if you know it) M17-1987		

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
United States Department of Veterans Affairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Jacksson reports grants from United States Department of Veterans Affairs, 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) Valerie	2. Surname (Last Name) Smith	3. Date 18-May-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name George Jackson
5. Manuscript Title Intermediate Diabetes Outcomes by Primary Care Provider Type: Are there Differences among Patients of Physicians, Nurse Practitioners, and Physician Assistants?		
6. Manuscript Identifying Number (if you know it) M17-1987		

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Dr. Smith has nothing to disclose.

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