

#### **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.

## Relationships not covered above.

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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

Morgan 1



Section 1. Identifying Inform	nation			
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 Pr Practitioners, and Physician Assistants?		Are there Differences among Patients of Physicians, Nurse		
6. Manuscript Identifying Number (if you ki M17-1987	now it)			
Section 2. The Work Under C				
The Work Under C	onsideration for Public	cation		
Did you or your institution <b>at any time</b> 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.)?				
e there any relevant conflicts of interest? Yes V No				
6 11 0				
Section 3. Relevant financial	activities outside the s	ubmitted work.		
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Are there any relevant conflicts of inter-	est?			
Section 4. Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Morgan 2



Section 5.					
Deculon 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	✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
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Section 6					
Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Morgan has	nothing to disclose.				

#### **Evaluation and Feedback**

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White 1



Section 1. Identifying Info	rmation	
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 Practitioners, and Physician Assistant		Are there Differences among Patients of Physicians, Nurse
6. Manuscript Identifying Number (if you M17-1987	know it)	
Section 2. The Work Under	Consideration for Public	ation
	ing 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 financia	al activities outside the s	ubmitted work.
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Section 4. Intellectual Prop	erty Patents & Copyrig	hts
Do you have any patents, whether pla	anned, pending or issued, br	oadly relevant to the work? Yes V No

White 2



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Ms. White has nothing to disclose.

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Woolson 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Sandra	2. Surname (Last Name) Woolson	3. Date 20-February-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr. George Jackson
5. Manuscript Title Intermediate Diabetes Outcomes by Pr Practitioners, and Physician Assistants?		Are there Differences among Patients of Physicians, Nurse
6. Manuscript Identifying Number (if you ki M17-1987	now it)	
		-
Section 2. The Work Under C	onsideration for Public	ation
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intellectual Prope	rty Patents & Copyrig	ints ———
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes 🗸 No

Woolson 2



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Everett 1



Section 1.	Identifying Inform	nation		
Given Name (Fir Christine	st Name)	2. Surname (Last Name) Everett	-	. Date 5-February-2018
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name	2
		mary Care Provider Type:	Are there Differences among	Patients of Physicians, Nurse
6. Manuscript Ider M17-1987	itifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the si statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, comr ta monitoring board, study desig	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation	) with entities as descri	bed in the instructions. Us		ionships (regardless of amount d as many lines as you need by nths prior to publication.
Are there any rele	evant conflicts of intere	est? Yes ✓ No		
Section 4.	Intellectual Proper	ty Patents & Copyri <u>c</u>	ıhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Everett 2



Section 5. Relationships not severed above
Relationships not covered above
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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. Everett has nothing to disclose.

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Edelman 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Edelman		3. Date 15-February-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Au	ithor's Name
Practitioners, and		II ,	: Are there Differenc	ces among Patients of Physicians, Nurse
Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, onest?  Yes  No primation below. If you have	lata monitoring board	nment, commercial, private foundation, etc.) for l, study design, manuscript preparation, entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant	on-Financial Support	r? Comments
Department of Vetera	ans Affairs	<b>V</b>		
	ı			
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere	ibed in the instructions. Uport relationships that we est? Yes ✓ No	Jse one line for each ere <b>present during</b>	ancial relationships (regardless of amount n entity; add as many lines as you need by the 36 months prior to publication.
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Edelman 2



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Dr. Edelman reports grants from Department of Veterans Affairs, during the conduct of the study; .

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Hendrix 1



Section 1. Identifying	Information	
Given Name (First Name)  Cristina	2. Surname (Last Name) Hendrix	3. Date 08-March-2018
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's Name George Jackson
5. Manuscript Title "Intermediate Diabetes Outcom Practitioners, and Physician Assi		Are there Differences among Patients of Physicians, Nurse
6. Manuscript Identifying Number ( M17-1987	if you know it)	
Section 2. The Work Un	nder Consideration for Public	ation
	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	s described in the instructions. Us ould report relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Cartina		
Section 4. Intellectual	Property Patents & Copyrig	hts
Do you have any patents, wheth	er planned, pending or issued, br	oadly relevant to the work? Yes V No

Hendrix 2



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

Berkowitz 1



Section 1. Identifying Inform	nation	
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
Practitioners, and Physician Assistants?		Are there Differences among Patients of Physicians, Nurse
6. Manuscript Identifying Number (if you kr M17-1987	now it)	_
Section 2		
Section 2. The Work Under Co	onsideration for Public	ation
	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 financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Berkowitz 2



Section 5. Relationships not severed above
Relationships not covered above
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Mr. Berkowitz has nothing to disclose.

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Jacksson 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi George	rst Name)	2. Surname (Last Name) Jacksson			3. Date 28-August-2018
4. Are you the cor	responding author?	Yes No			
5. Manuscript Title Intermediate Dia		ients Managed by Phys	icians, Nurse Pı	ractitioners, o	r Physician Assistants
6. Manuscript lder M17-1987	ntifying Number (if you kr	now it)			
	l				
Section 2.	The Work Under C	onsideration for Pub	lication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	g but not limited to grants, est? Yes No ormation below. If you h	data monitoring	g board, study c	ress the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	on-Financial Support	Other? Co	omments
Jnited States Depart	ment of Veterans Affairs	<b>✓</b>			
Section 3.	Relevant financial	activities outside the	e submitted	work.	
of compensation clicking the "Add Are there any rel	) with entities as descri	ibed in the instructions. port relationships that w	Use one line fo vere <b>present d</b>	or each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly releva	nt to the work	k? ☐ Yes 🗸 No

Jacksson 2



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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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Smith 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Valerie	rst Name)	2. Surname (Last Name) Smith	3. D 18-N	Pate May-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name George Jackson	
		mary Care Provider Type: A	Are there Differences among Par	tients of Physicians, Nurse
6. Manuscript Ider M17-1987	ntifying Number (if you kr	ow it)		
Section 2.	The Work Under Co	onsideration for Public	ation	
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	ubmitted work.	
of compensation	) with entities as descri	bed in the instructions. Us	ether you have financial relation e one line for each entity; add as e <b>present during the 36 month</b>	s many lines as you need by
Are there any rel	evant conflicts of intere	est? Yes ✓ No		
	l.			
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Smith 2



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