

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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Kunihiro

2. Surname (Last Name)
Matsushita

3. Date
12-April-2018

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

5. Manuscript Title
Prognostic Implications of Single-Sample Confirmatory Testing for Undiagnosed Diabetes

6. Manuscript Identifying Number (if you know it)
M18-0091

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fukuda Denshi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kyowa Hakko Kirin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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):
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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. Matsushita reports grants and personal fees from Fukuda Denshi, grants and personal fees from Kyowa Hakko Kirin, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Josef

2. Surname (Last Name)

Coresh

3. Date

16-April-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

n/a

5. Manuscript Title

Prognostic Implications of Single-Sample Confirmatory Testing for Undiagnosed Diabetes

6. Manuscript Identifying Number (if you know it)

M18-0091

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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Dr. Coresh 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) Dan	2. Surname (Last Name) Wang	3. Date 09-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Selvin
5. Manuscript Title Prognostic implications of single-sample confirmatory for undiagnosed diabetes: a cohort study		
6. Manuscript Identifying Number (if you know it) M18-0091		

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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Ms. Wang 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) Morgan	2. Surname (Last Name) Grams	3. Date 10-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Selvin
5. Manuscript Title Prognostic Implications of Single-Sample Confirmatory Testing for Undiagnosed Diabetes: A Cohort Study		
6. Manuscript Identifying Number (if you know it) M18-0091		

Section 2. The Work Under Consideration for Publication

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Dr. Grams has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Selvin

3. Date
12-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Prognostic Implications of Single-Sample Confirmatory Testing for Undiagnosed Diabetes

6. Manuscript Identifying Number (if you know it)
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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
the National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH grants with Dr. Selvin as PI paid to her institution (Johns Hopkins)

Section 3. Relevant financial activities outside the submitted work.

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Dr. Selvin reports grants from the National Institutes of Health, during the conduct of the study; .

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