

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Mengyuan	2. Surname (Last Name) Ruan	3. Date 09-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fang Fang Zhang
5. Manuscript Title Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study		
6. Manuscript Identifying Number (if you know it) M18-2478		

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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Mengyuan Ruan 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) Gail	2. Surname (Last Name) Rogers	3. Date 27-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fang Fang Zhang
5. Manuscript Title Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study"		
6. Manuscript Identifying Number (if you know it)		

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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

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Gail Rogers has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Fang Fang
2. Surname (Last Name)
Zhang
3. Date
31-January-2019
4. Are you the corresponding author? Yes No
5. Manuscript Title
Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study
6. Manuscript Identifying Number (if you know it)
M18-2478

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name) Zhillei	2. Surname (Last Name) Shan	3. Date 31-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name _____
5. Manuscript Title Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study		
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1. Given Name (First Name) Mengxi	2. Surname (Last Name) Du	3. Date 31-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Fang Fang Zhang
5. Manuscript Title Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study		
6. Manuscript Identifying Number (if you know it) _____		

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Ms. Mengxi Du has nothing to disclose.

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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

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) Jeffrey 2. Surname (Last Name) Blumberg 3. Date 31-January-2019

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

5. Manuscript Title
Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study

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
NIH/ NIMHD 1R01MD011501	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI: Fang Fang Zhang

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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
AdvoCare International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scientific Advisory Board
Pfizer Consumer Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scientific Advisory Board
Pharmavite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scientific Advisory Board

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kenneth Kwan Ho	2. Surname (Last Name) Chui	3. Date 31-January-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fang Fang Zhang
5. Manuscript Title Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study		
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Dr. Chui has nothing to disclose.

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1. Given Name (First Name) Luxian	2. Surname (Last Name) Zeng	3. Date 31-January-2019
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5. Manuscript Title Association Between Dietary Supplement Use, Nutrient Intake, and Mortality Among US Adults: A Cohort Study		
6. Manuscript Identifying Number (if you know it) M18-2478		

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