

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.

5. Relationships not covered above.

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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) Jonathan	2. Surname (Last Name) Arnold	3. Date 08-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Molly Conroy
5. Manuscript Title Effect of electronic health record-based coaching on weight maintenance: the MAINTAIN-pc randomized clinical trial		
6. Manuscript Identifying Number (if you know it) M18-3337		

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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Arnold has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Cindy

2. Surname (Last Name)
Bryce

3. Date
03-May-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
M. B. Conroy

5. Manuscript Title
Promoting weight maintenance through electronic health record-based coaching in a primary care setting: 24-month results from the MAINTAIN-pc trial

6. Manuscript Identifying Number (if you know it)
JAMA18-1044

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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Bryce reports grants from AHRQ, 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) Diane	2. Surname (Last Name) Comer	3. Date 10-October-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Molly Conroy
5. Manuscript Title Effect of electronic health record-based coaching on weight maintenance: a randomized trial		
6. Manuscript Identifying Number (if you know it)		

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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Diane Comer 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)
Molly

2. Surname (Last Name)
Conroy

3. Date
13-March-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effect of electronic health record-based coaching on weight maintenance: a randomized trial

6. Manuscript Identifying Number (if you know it)
M18-3337 (Conroy)

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	University of Pittsburgh (my prior institution) had an AHRQ grant that funded the study discussed in paper.

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Dr. Conroy reports grants from AHRQ, 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) _____ Gary

2. Surname (Last Name) _____ Fischer

3. Date _____ 08-March-2019

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

5. Manuscript Title _____ Effect of electronic health record-based coaching on weight maintenance: the MAINTAIN-pc randomized clinical trial

6. Manuscript Identifying Number (if you know it) _____ M18-3337

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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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)
BEthany

2. Surname (Last Name)
Barone Gibbs

3. Date
06-March-2019

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

5. Manuscript Title
Effect of electronic health record-based coaching on weight maintenance: the MAINTAIN-pc randomized clinical trial

6. Manuscript Identifying Number (if you know it)
M18-3337

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Barone Gibbs reports grants from AHRQ, 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) Rachel	2. Surname (Last Name) Hess	3. Date 10-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Molly B. Conroy
5. Manuscript Title Effect of electronic health record-based coaching on weight maintenance: the MAINTAIN-pc randomized clinical trial		
6. Manuscript Identifying Number (if you know it) M18-3337		

Section 2. The Work Under Consideration for Publication

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Dr. Hess 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)

Kimberly

2. Surname (Last Name)

Huber

3. Date

01-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Margaret Conroy, MD, MPH

5. Manuscript Title

Effect of electronic health record-based coaching on weight maintenance: the MAINTAIN-pc randomized clinical trial

6. Manuscript Identifying Number (if you know it)

M18-3337

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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Huber has nothing to disclose.

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)
Kathleen

2. Surname (Last Name)
McTigue

3. Date
17-May-2019

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

5. Manuscript Title
Effect of electronic health record-based coaching on weight maintenance: a randomized trial

6. Manuscript Identifying Number (if you know it)
M18-3337

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
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
V3562 D993 P1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Online lifestyle intervention for weight loss - an adaptation of DPP program. This intervention was not used in the current study and I do not receive personal royalties, though I help administer a portion of the royalties which is used for patient care and research.

Section 5. Relationships not covered above

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Dr. McTigue reports grants from AHRQ, during the conduct of the study; In addition, Dr. McTigue has a patent V3562 D993 P1 with royalties paid.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Laurey

2. Surname (Last Name)

Simkin-Silverman

3. Date

April 1, 2019

4. Are you the corresponding author?

Molly B. Conroy, MD

Yes No

5. Manuscript Title

"Effect of electronic health record-based coaching on weight maintenance: the MAINTAIN-pc randomized clinical trial"

6. Manuscript Identifying Number (if you know it)

M18-3337

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Are there any relevant conflicts of interest? Yes No

ADD

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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

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dana	2. Surname (Last Name) Tudorascu	3. Date 08-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Molly conroy
5. Manuscript Title Effect of electronic health record-based coaching on weight maintenance: the MAINTAIN-pc randomized clinical trial		
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

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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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. Tudorascu has nothing to disclose.

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