

## ICMJE DISCLOSURE FORM

**Date:** 12/20/2021

**Your Name:** Zoobia W. Chaudhry

**Manuscript Title:** In the Clinic (ITC): Care of the Post-Bariatric Patient

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 2/2/2022

**Your Name:** Carolyn Bramante

**Manuscript Title:** Care of the Patient after Metabolic and Bariatric Surgery

**Manuscript Number (if known):** [Click or tap here to enter text.]

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Independent DSMP for “Improving Recognition and Management of Hypertension in Youth: Comparing Approaches for Extending Effective CDS for use in a Large Rural Health System” AHRQ 5R18HS027402-02	None
		Independent Data Safety Monitor “Neurobiological and Psychological Maintenance Mechanisms Associated with Anticipatory Reward in Bulimia Nervosa	None
		GRANT NUMBER: 1R21MH119417”	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 12/20/2021

**Your Name:** Eric S Wise

**Manuscript Title:** "In the Clinic: Care of the Patient after Metabolic and Bariatric Surgery

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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