

## ICMJE DISCLOSURE FORM

**Date:** 4/27/2022

**Your Name:** B Timothy Walsh MD

**Manuscript Title:** In the Clinic: Eating Disorders Update

**Manuscript Number (if known):** M22-1340

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
<b>Time frame: Since the initial planning of the work</b>											
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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3	Royalties or licenses	<input type="checkbox"/> None	
		UpToDate (author)	Myself
		British Medical Journal (author)	Myself
		Johns Hopkins University Press (reviewer)	Myself
		McGraw-Hill (author)	Myself
		Oxford University Press (author)	Myself
		British Medical Journal (author)	Myself
		Guilford Publications (author)	Myself
		Wiley (associate editor of journal)	Myself
4	Consulting fees	<input type="checkbox"/> None	
		Guidepoint Global (nature of eating disorders treatment to financial investors; no contact with pharmaceutical industry)	Myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		University of British Columbia	Myself
		Silverhill Hospital	Myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Board or Advisory Board		
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 5/18/2022

**Your Name:** Blair Uniacke

**Manuscript Title:** Eating Disorders

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		American Psychiatric Association Practice Guidelines Group for Eating Disorders, member (unpaid)	

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