Date:	9/23/2022	
Your Name:	Johanne Kragh Hansen	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	NJ02-1787	

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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Speakers fee from Norgine Denmark A/S	personal
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ 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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/25/2022	
Your Name:	Eva M Gram-Kampmann	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	M22-1787	

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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.

		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)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NoneRegion of Southern DenmarkUniversity of Southern DenmarkDanish Diabetes AcademyFonden for lægevidenskabens fremmeChristenson Cesons fondOdense University Hospital	InstitutionInstitution:Institution:phd-scholarshipInstitutionInstitutionInstitutionInstitutionInstitution:phd-scholarshipInstitution:phd-scholarship
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	☑ None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	vere
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □ □ □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/14/2022	
Your Name:	Sara Olesen	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	M22-1787	

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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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	None	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	☑ None	
4	Consulting fees	✓ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	✓ None	
6	Payment for expert testimony	[⊠] None [
7	Support for attending meetings and/or travel	[⊠] None [
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[☑] None	
10	Leadership or fiduciary role in	[☑] 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None [
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None 	
13	Other financial or non-financial interests	[☑] None	
	Please place an "X" next to the following statement to indicate your agreement:		
[스]	Solution I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	9/16/2022
Your Name:	Katrine Holtz Thorhauge
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	M22-1787

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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.

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Phd	None Horizon 2020 grants by the Region of Southern Denmark Odense University Hospital	My current phd position is partly financed by agreement No 825694 My current phd position is partly financed by local PhD grants

		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)
3	Royalties or licenses	None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board,	⊠ None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/19/2022
Your Name:	Mie Balle Hugger
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymrelationship or indicate none (add rows as needed)made to you or to your institution)	ients were
4	Consulting fees	☑ None ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None □ □ □ □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ 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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	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.		

Date:	9/20/2022
Your Name:	Ditlev Nytoft Rasmussen
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	M22-1787

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		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	vere
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □ □ □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/29/2021	
Your Name:	Jane Møller Jensen	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	NJ02-1787	

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		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments wrelationship or indicate none (add rows as needed)made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/24/2022	
Your Name:	Aleksander Krag	
Manuscript Title:	Effect of non-calorie-restricted diets on type 2 diabetes and non-alcoholic fatty liver disease: A randomised controlled trial of low carbohydrate high fat versus high carbohydrate low fat in people with type 2 diabetes mellitus	
Manuscript Number (if known):	M22-1787	

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		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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	 None Project Grant "REDUCTION", grant number: NNF16OC0021038 from the Novo Nordisk Foundation Region of Southern Denmark PhD-scholarship from The Region of Southern Denmark PhD-scholarship from The University of Southern Denmark 	payments were made to institution Center grant for Elite Research Centre FLASH payments were made to institution payments were made to institution
		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not	D None	Coordinator of Galaxy, EU funded under grant
	indicated in item #1 above).	EU Horizon 2020	agreement No 668031 PI in LiverScreen, EU funded under grant
			agreement No 847989
		EU Horizon 2020	PI in MicrobPredict, EU funded under grant agreement No 825694.
		EU Horizon 2020	PI in IHMCSA, EU funded under grant agreement No 964590

		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)
		Novo Nordisk Foundation Innovationfund Denmark Danish National Research Foundation Region of Southern Denmark	PI in MicrobLiver, A Challenge Grant, grant number NNF15OC0016692 from the Novo Nordisk Foundation Research funding, Innoexplorer PI in ATLAS, Centre of Excellence Center grant for Elite Research Centre FLASH
3	Royalties or licenses	☑ None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Norgine Siemens Nordic Bioscience	Lectures 2019, 2020 Lectures, speaker's bureau 2019, 2020 Lecture 2021
6	Payment for expert testimony	⊠ None □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Region of Southern Denmark University of Southern Denmark	Biomarker - pending/planned Biomarker- pending/planned
9	Participation on a Data Safety	D 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)
	Monitoring Board or Advisory Board	Norgine Siemens	Advisory board 2020 Advisory board 2019, 2020
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	 None Vice Secretary General European Association for the Study of The Liver (EASL) 	Non for profit organization and position without remuneration
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Norgine Siemens Echosence	Rifaximin for an investigator initiated study, Galaxy EU funded under grant agreement No 847989 ELF test for an investigator initiated study Fibroscan for an investigator initiated study, LiverScreen EU funded under grant agreement No 847989
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	9/19/2022
Your Name:	Pernille Hermann
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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		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)
		Time frame: Since the initial planning	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None ☑ □ □ □ <th>Click the tab key to add additional rows.</th>	Click the tab key to add additional rows.
		Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	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)
4	Consulting fees	☑ None □ □ □ □ □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	D None Speaker's bureau: Amgen, UCB, Gideon Richter,	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	UCB	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Advisory Board Eli Lilly, Amgen, Gideon Richter, UCB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None President og The Danish Endocrine society Past president of the Danish bone Society	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	 □ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/23/2022
Your Name:	Mads Israelsen
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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		·	Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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)
4	Consulting fees	☑ None □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None [
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
11	Stock or stock options	[⊠] None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	10/31/2022
Your Name:	Henning Beck-Nielsen
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	M22-1787

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	vere
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □ □ □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea 🖂	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.		

Date:	8/25/2021	
Your Name:	Camilla Dalby Hansen	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	M22-1787	

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.

		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)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	 None One year PhD-salary from Region of Southern Denmark One year PhD-salary from University of Southern Denmark 	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	vere
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □ □ □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea 🖂	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.		

Date:	29/922	
Your Name:	Bjørn Stæhr Madsen	
Manuscript Title:	"Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial"	
Manuscript Number (if known):	M22-1787	

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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	C for the tab key to add wildlinna rows.
	ALC: NO PROPERTY	Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
		12/12/2021	

12/13/2021

		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)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea	se place an "X" next	t to the following statement to indicate your agreeme	nt:
	I certify that I have	answered every question and have not altered the wor	ding of any of the questions on this form.

27/10-22

By Skr Madsen

Date:	9/29/2021	
Your Name:	Jane Møller Jensen	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	M22-1787	

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.

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments wrelationship or indicate none (add rows as needed)made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/25/2022	
Your Name:	Nikolaj Christian Torp	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	NJ02-1787	

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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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	vere
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □ □ □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	24/08-22	
Your Name:	Stine Johansen	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	Click or tap here to enter text.	

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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.

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymrelationship or indicate none (add rows as needed)made to you or to your institution)	ients were
4	Consulting fees	☑ None ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None □ □ □ □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☑ 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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/30/2022
Your Name:	Peter Andersen
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	M22-1787

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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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments wrelationship or indicate none (add rows as needed)made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/4/2022	
Your Name:	Jan Christian Brønd	
Manuscript Title:	Effect of non-calorie-restricted diets on type 2 diabetes and non-alcoholic fatty liver disease: A randomised controlled trial of low carbohydrate high fat versus high carbohydrate low fat in people with type 2 diabetes mellitus	
Manuscript Number (if known):	Click or tap here to enter text.	

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		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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	 None 	Click the tab key to add additional rows.
		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	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)
4	Consulting fees	Novo Nordisk, Measurement Physical Activity Consultant 2018-2020	The payment was made directly to me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ 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)
11	Stock or stock options	□	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	 □ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/24/2022	
Your Name:	Sönke Detlefsen	
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial	
Manuscript Number (if known):	M22-1787	

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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.

		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)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Image: None Image: I	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	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)
4	Consulting fees	☑ None □ □ □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ 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)
11	Stock or stock options	⊠ None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
\square	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/23/2022
Your Name:	Torben Hansen
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	Click or tap here to enter text.

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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.

			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work		of the work	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from		None Time frame: past 36 monthe	Click the tab key to add additional rows.
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses		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)
4	Consulting fees	☑ None □ □ □ □ □ □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ 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)
11	Stock or stock options	⊠ None □ □ □ □ □ □ □ □ □ □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
	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.		

Date: 8/24/2021	
Your Name:	Maja Thiele
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	M22-1787

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.

		Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	Nove Nordisk Foundation, NNF20OC0059393	Institutional grant, not related to this study
3	Royalties or licenses	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)
4	Consulting fees	□ None	
		GE Healthcare	Personal fee
5	Payment or honoraria for	□ None	
	lectures,	Echosens	Personal speaker's fee
	presentations,	Siemens Helathcare	Personal speaker's fee
	speakers	Norgine	Personal speaker's fee
	bureaus, manuscript	Tillotts pharma	Personal speaker's fee
	writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for	⊠ None	
	attending meetings and/or travel		
8	Patents planned,	⊠ None	
	issued or		
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring	ID Liver, University of Nottingham	Scientific Advisory Board. Unpayed.
	Board or Advisory Board	OPEN, Odense Patient Exploratory Network	Research department. Advisory board
10	Leadership or fiduciary role in	□ None	
	other board,	Alcohol & Society	NGO. Vice chair of the board. Unpayed.
	society,		
	committee or		
	advocacy group, paid or unpaid		

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/23/2021
Your Name:	Kurt Højlund
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	M22-1787

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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.

		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)
		Time frame: Since the initial planning o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Granted 3.650.000 DKK as co-applicant to the Steno National Collaborative Grant Call from the Novo Nordisk Foundation: Grant number NNF20OC0063292. Title: Closing in on subsegmentation in type 2 diabetes in the Danish nationwide DD2 cohort.	

		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)
3	Royalties or licenses	None	
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board,	⊠ None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Date:	8/25/2022
Your Name:	Maria Kjaergaard
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	M22-1787

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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Siemens Healthcare	Speaker's fee
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	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.			

Date:	8/25/2022
Your Name:	Katrine Prier Lindvig
Manuscript Title:	Effect of calorie-unrestricted low carbohydrate high fat versus high carbohydrate low fat on type 2 diabetes and non-alcoholic fatty liver disease: A randomized controlled trial
Manuscript Number (if known):	NJ02-1787

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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	vere
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	☑ None □ □ □ □ □ □ □ □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	☑ None □ □ □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	☑ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None	
13	Other financial or non-financial interests	☑ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		