

## ICMJE DISCLOSURE FORM

**Date:** 9/30/2021

**Your Name:** Jiang He, MD, PhD

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management

**Manuscript Number (if known):** M22-1950

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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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:** 8/17/2022

**Your Name:** Mulin Zhang

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2022

**Your Name:** Peiyong Huang

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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**Date:** 8/17/2022

**Your Name:** Fangsen Xiao

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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:** 8/16/2021

**Your Name:** Chung-Shiuan Chen

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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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:** 8/17/2022

**Your Name:** Xuejun Li

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2022

**Your Name:** Xiulin Shi

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2022

**Your Name:** Bing Yan

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**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:** 8/17/2022

**Your Name:** Shuyu Yang

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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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:** 8/16/2021

**Your Name:** Lizheng Shi

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2022

**Your Name:** Zhibin Li

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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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:** 8/23/2022

**Your Name:** Katherine Obst

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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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:** 8/17/2022

**Your Name:** Liyang Wang

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2022

**Your Name:** Haiqu Song

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2022

**Your Name:** Changqin Liu

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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## ICMJE DISCLOSURE FORM

**Date:** 8/17/2022

**Your Name:** Mingzhu Lin

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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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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:** 8/17/2022

**Your Name:** Caihong Wang

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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**Date:** 8/17/2022

**Your Name:** Yinxiang Huang

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

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**Date:** 8/17/2022

**Your Name:** Weihua Li

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

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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:** 8/17/2022

**Your Name:** Guanhua Yao

**Manuscript Title:** Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management: A Cluster Randomized Trial

**Manuscript Number (if known):** M22-1950

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 style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div>
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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