Date:			9/30/2021			
Your Name:			Jiang He, MD, PhD			
Manuscript Title:			Comparative Effectiveness of Team-based C System for Diabetes Management	Comparative Effectiveness of Team-based Care With and Without Clinical Decision Support System for Diabetes Management		
Mai	nuscript Number (if k	nown	: M22-1950			
content of your manuscript. "Rela affected by the content of the ma		ipt. "R of the r e in do	we ask you to disclose all relationships/activitie elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitmentable about whether to list a relationship/activity, writies/interests should be defined broadly. For e	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.		
epic	•	nsion,	you should declare all relationships with manuf	acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th	-	port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time		
			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)		
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			Time frame: Since the initial planning of	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	□ Xiam Chin	None en Municipal Health Commission, Xiamen,	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Xiam	None en Municipal Health Commission, Xiamen,			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Xiam	None en Municipal Health Commission, Xiamen,	Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Xiam	None en Municipal Health Commission, Xiamen, a	Click the tab key to add additional rows.		
	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 any entity (if not indicated in item	Xiam Chin	None en Municipal Health Commission, Xiamen, a Time frame: past 36 months	Click the tab key to add additional rows.		
2	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 any entity (if not indicated in item #1 above). Royalties or	Xiam Chin	en Municipal Health Commission, Xiamen, a Time frame: past 36 months None	Click the tab key to add additional rows.		

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	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 None	

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

Teertify that Thave answered every question and have not aftered the words

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.

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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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).	None	
3	Royalties or licenses	None	

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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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Solution Sol	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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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:	8/17/2022
Your Name:	Peiying 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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		Time frame: past 36 month	s
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3	Royalties or licenses	None	

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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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Solution Sol	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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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)
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:	8/17/2022
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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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).	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 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:	8/16/2021
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

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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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	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 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	
Please place an "X" next to the following statement to indicate your agreement:				

3

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

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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	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	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:	8/17/2022
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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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).	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 with made to you or to your institution)	vere
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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Solution Sol	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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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)
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:	8/17/2022
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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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).	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 relationship or indicate none (add rows as needed)	nents were
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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:	8/17/2022
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

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None	

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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:	8/16/2021
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

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3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	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 None	

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

3

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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In item #1 below, report all suppo	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.		

			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.	Stud	None dy conception and design, data collection	Click the tab key to add additional rows.
			Time frame: past 36 month	
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 None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

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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)
	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	\boxtimes	None	
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	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:	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

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	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	\boxtimes	None	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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Date:	8/17/2022
Your Name:	Liying 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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13	Other financial or non-financial interests	None	
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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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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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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4	Consulting fees	None None	
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13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

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

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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
Manuscript Number (if known):	M22-1950

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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
Manuscript Number (if known):	M22-1950

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

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
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