

INSTRUCTIONS:

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

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4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



Section 1. Identifying Information. Given Name: Surname: Effective Date: 03-March-2010 Brent Taylor (or first) (or last) Format example: 07-August-2008 Are you the corresponding author? \(\subseteq\) Yes \(\subseteq\) No Corresponding author's name: Timothy J. Wilt Manuscript Title: Effective management strategies for Lactose Intolerance: A Systematic review Manuscript Identifying Number (if you know it): M10-0181 Section 2. Information about the support of the work under consideration for publication. Did you or your institution at any time receive payment or support in kind for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

☐ No

X Yes, specify nature of compensation

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant		\boxtimes			AHRQ	The work was completed as part of a contract from AHRQ.	Del >
							Add -
Consulting fee or honorarium							Del >
						1	Add -
Support for travel to meetings for the study or otherwise							Del >
							Add -
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del >
				1			Add -



Туре		y Paid ′ou*	Yo	ey to our oution	Name of Entity	Comments**	
Payment for writing or reviewing the manuscript							Del ×
	•			•			Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support							Del ×
	•						Add +
Other							Del×
							Add +

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
						Add +
Gifts	\boxtimes					Del ×

^{**}Use this section to provide any needed explanation



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
-						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or	your spouse or pa	artner have financi	ial relationships	with entities	that have an	interest in the	content o	f the
submitted work?								

\boxtimes N	No other	relations	hips/	conditions/	circums	tances	that	present	potential	conflict	of inter	es
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Yes, the following relationships/conditions/circumstances are present (explain below):



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occasion, journals may ask authors to disclose further information about reported relationships.

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Shamliyan

Effective Date: 03-March-2010

Surname:

(or last)

Section 1. Identifying Information.

Tatyana

Given Name:

(or first)

Are you the correspond	ing auth	or? Yes	√ L No		Format example: 07-Aug	ust-2008
Manuscript Title: Effective	ve manaç	gement strate	gies for Lactose I	ntolerance: A Systematic re	view	
Manuscript Identifying N	lumber	(if you know	v it): M10-0181			
Section 2. Information a Did you or your institution a limited to grants, data monit No ☐ Yes, specify nature of	at any tir toring bo	me receive pa	yment or suppor	rt in kind for any aspect of	the submitted work (includi-	ng but not
	or comp					
Place a check in the approprious compensation) with any entrast you need. Use the commensation disclose relationships that far you for not disclosing (for each of the compensation of the compensation). If you have more than one	ities that tents col on. Rep all outsid xample,	have an inter umn to indica ort relationsh e the 36-mon long-term fin	rest related to the any additional tips that were protected window that the ancial relationships.	e submitted work. Use one I information that you thin esent during the 36 months readers may want to know tips that are now ended).	line for each entity; add as r k a reader or editor would w s prior to submission. In add about and could reasonably	many lines vant to lition please
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership						Del ×
						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
	•					Add +
Expert testimony	\boxtimes					Del ×
						Add +



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						Add +
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						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
proparation						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus						Del×
						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
		ı	1		1	Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
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Given Name: (or first)	Timothy	Surname: (or last)	Wilt	Effective Date: 03-March-2010
Are you the	corresponding author? [Yes N	No	Format example: 07-August-2008
Manuscript Ti	tle: Lactose Intolerance			
Manuscript Ide	entifying Number (if y	ou know it):	10-0181	
Section 2. Info	rmation about the	support of t	he work under considerate	tion for publication.
, ,	•	1 ,	t or support in kind for any aspectant or support in kind for any aspectantion, statistical	ct of the submitted work (including but no al analysis, etc)?
☐ No				
✓ Yes spec	cify nature of compensat	ion		

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					AHRQ	Contract through AHRQ for our Minnesota Evidence base Practice Center to conduct this evidence review as background material for an NIH Consensus Conference related to Health Effects of Lactose Intolerance	Del×
							Add +
Consulting fee or honorarium			\boxtimes				Del ×
		•					Add +
Support for travel to meetings for the study or otherwise						Reimbursed travel and per diem to consensus conference meetings in Washington, DC	Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like			\boxtimes				Del ×



Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Payment for writing or reviewing the manuscript			\boxtimes				Del ×
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support							Del ×
							Add +
Other	\boxtimes		\boxtimes				Del ×
				•			Add +

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						Add +
Consultancy	\boxtimes					Del ×
						Add +
Employment	\boxtimes					Del ×
						Add +
Expert testimony	\boxtimes					Del ×
						Add +

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						Add +
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes				Though submitted manuscript occurred during and with the above grant support for the AHRQ evidence report	Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del×
		1				Add +
Travel/accommodations expenses covered or reimbursed		\boxtimes			See above	Del×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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Section 1. Ide	entifying Informatio	n.				
Given Name: (or first)	Michael	Surname: (or last)	II avitt		Effective Date:	
Are you th	e corresponding author?	Yes N	No		Format exam	ple: 07-August-2008
Manuscript T	itle: Systematic Review	: Effective Manag	gement Strateg	ies for Lactose Into	lerance	
Manuscript I	dentifying Number (if	you know it):				
Section 2. Inf	ormation about the	support of t	he work und	der considerat	ion for publication	on.
	ar institution at any time ts, data monitoring board		~ ~			ork (including but no
☐ No						
X Yes, sp	ecify nature of compens	ation				

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Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					NIH		Del ×
	•						Add +
Consulting fee or honorarium		\boxtimes			NIH	Received minor salary support for this project	Del ×
	•	•					Add +
Support for travel to meetings for the study or otherwise					NIH	Travel to NIH	Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del ×
							Add +
Payment for writing or reviewing the manuscript					NIH	Minor salary support during period of report writing	Del ×
				1			Add +



Туре	Money Paid to You*				Name of Entity	Comments**	
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						Add +
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						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
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Other (err on the side of full disclosure)	\boxtimes					Del×
						Add +

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submitted work?						

∇	No	other	relation	shins	conditions/	circumstances/	that	nresent	notential	conflict	of interes
	TAO	Ouici	iciauoi	19111h2\	conditions/	Circuinstances	uiat	present	potentiai	COMMICT	Of interes

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Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

3. Relevant financial activities outside the submitted work.

Please report all sources of revenue relevant to the submitted work that accrued either directly to you or were paid to your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. If there is any question, it is usually better to disclose a relationship than not to do so. Please note that your interactions with the work's sponsor outside the submitted work should be listed here. For each category list each entity on a separate line. Use as many lines as necessary to provide complete information. In addition, please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

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4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

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5. Nonfinancial associations.

Please report any personal, professional, political, institutional, religious, or other associations that a reasonable reader would want to know about in relation to the submitted work.



	5 0				
Given Name: (or first)	Robert	Surname: (or last)	Kane		Effective Date: 03 March 2010
Are you the	e corresponding author?	Yes N	No	,	Format example: 07-August-2008
Manuscript T	itle: Lactose intolerance				
Manuscript Ic	lentifying Number (if y	ou know it):	M10-0181		
Section 2. Info	ormation about the	support of t	he work unde	r considerat	ion for publication.
	r institution at any time re s, data monitoring board,		* *		ct of the submitted work (including but no al analysis, etc)?
☐ No					
X Yes, spe	ecify nature of compensat	tion			

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Section 1. Identifying Information.

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant					AHRQ	contract through EPC	Del ×
							Add +
Consulting fee or honorarium							Del ×
	•		•	•			Add +
Support for travel to meetings for the study or otherwise							Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del ×
	•				•		Add +
Payment for writing or reviewing the manuscript			\boxtimes				Del ×
	•				,	•	Add +



Туре	Mone:	y Paid ′ou*	Yo	ey to our oution	Name of Entity	Comments**	
Support in kind such as writing, provision of medicines or equipment, or administrative support							Del ×
							Add +
Other							Del ×
							Add +

Section 3. Information about relevant financial relationships outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with any entities that have an interest related to the submitted work. Use one line for each entity; add as many lines as you need. Use the comments column to indicate any additional information that you think a reader or editor would want to know about the compensation. Report relationships that were present during the 36 months prior to submission. In addition please disclose relationships that fall outside the 36-month window that readers may want to know about and could reasonably criticize you for not disclosing (for example, long-term financial relationships that are now ended).

If you have more than one relationship, click "Add +" to add a row. Click "Del ×" to delete an extra row.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					Del ×
				1		Add +
Consultancy		\boxtimes		United Healthgroup SCAN Health Plan Cleveland Clinic Medtronic		Del ×
						Add +
Employment	\boxtimes					Del ×
			1			Add +
Expert testimony	\boxtimes					Del ×
						Add +
Gifts						Del ×
		•				Add +

^{**}Use this section to provide any needed explanation



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Grants/grants pending	\boxtimes					Del ×
						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation	\boxtimes					Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
,						Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
,						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or	your spouse or	partner have	financial	relationships	with entities	that have an	interest in th	ne content	of the
submitted work?									

No other relationships/conditions/ of the relationships of	circumstances that present poter	ntial conflict of interes
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Yes, the following relationships/conditions/circumstances are present (explain below):



Section 5. Information about relevant nonfinancial associations.

Do you have any relevant nonfinancial associations or interests (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work?
No relevant nonfinancial relationships/conditions/circumstances to report.
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Section 1. Ide	entifying Inforn	nation.			
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` ,	e corresponding au	`` ` ′	No	Format exam	mple: 07-August-2008
Correspondin	ng author's name:	Timothy Wilt			
Manuscript T	Title: Effective man	nagement strategies fo	or lactose intolerar	nce: a systematic review	
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Xes, sp	ecify nature of cor	mpensation			
If you have more	e than one relations	ship, click "Add +" to	add a row. Click	"Del ×" to delete an extra row.	
I	I	l	_		

Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
	No	Yes	No	Yes			
Grant	\boxtimes			\boxtimes	AHRQ	grant	Del ×
	•			'			Add +
Consulting fee or honorarium							Del ×
							Add +
Support for travel to meetings for the study or otherwise				\boxtimes	AHRQ	Travel to present at the NIH conference on lactose intolerance feb 22-24 2010	Del ×
							Add +
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like							Del ×
				•		-	Add +
Payment for writing or reviewing the manuscript							Del ×



Туре	Money Paid to You*		Money to Your Institution		Name of Entity	Comments**	
							Add +
Support in kind such as writing, provision of medicines or equipment, or administrative support							Del ×
							Add +
Other							Del ×
	•						Add +

Section 3. Information about relevant financial relationships outside the submitted work.

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						Add +
Consultancy	\boxtimes					Del×
						Add +
Employment	\boxtimes					Del×
						Add +
Expert testimony	\boxtimes					Del×
						Add +
Gifts	\boxtimes					Del×
						Add +
Grants/grants pending	\boxtimes					Del×

^{**}Use this section to provide any needed explanation



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
,						Add +
Honoraria	\boxtimes					Del ×
						Add +
Payment for manuscript preparation						Del ×
						Add +
Patents (planned, pending or issued)	\boxtimes					Del ×
			,			Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
,						Add +
Stock/stock options	\boxtimes					Del ×
						Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +

Section 4. Information about financial relationships involving your spouse or partner or your children (under 18 years of age).

Do your children or your spouse or partner have financial relationships with entities that have an interest in the content of the submitted work?

\times	No other relationships/	conditions/circums/	stances that present	potential co	nflict of inte	erest
	Yes, the following relati	ionships/conditions	s/circumstances are	present (exp	olain below)	:



Section 5. Information about relevant nonfinancial associations.

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that a reasonable reader would want to know about in relation to the submitted work?
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