

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jiang

2. Surname (Last Name)

He

3. Date

22-June-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Lydia A. Bazzano

5. Manuscript Title

Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

M14-0180

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Dr. He has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Whelton

3. Date
23-June-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lydia Bazzano

5. Manuscript Title
"Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial"

6. Manuscript Identifying Number (if you know it)
M12-0180

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIH/NCRR P20-RR017659

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Dr. Whelton reports grants from the NIH, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Chung-Shiuan	2. Surname (Last Name) Chen	3. Date 23-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lydia Bazzano
5. Manuscript Title Effects of Low Carbohydrate and Low Fat Diets: A Randomized, Controlled Trial		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name) Lu	2. Surname (Last Name) Yao	3. Date 23-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lydia Bazzano
5. Manuscript Title Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial		
6. Manuscript Identifying Number (if you know it) M14-0180		

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Dr. Yao has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lydia Bazzano
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Dr. Reynolds has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Klag

3. Date

30-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lydia Bazzano

5. Manuscript Title

Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

M14-0180

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Klag has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lydia

2. Surname (Last Name)
Bazzano

3. Date
23-June-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)
M14-0180

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH P20 RR017659	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH K08 HL091108	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Bazzano reports grants from NIH, P20 RR017659 and K08 HL091108, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Calynn	2. Surname (Last Name) Bunol	3. Date 23-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lydia Bazzano
5. Manuscript Title Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial		
6. Manuscript Identifying Number (if you know it) M14-0180		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Bunol has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tian

2. Surname (Last Name)

Hu

3. Date

23-June-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lydia Bazzano

5. Manuscript Title

Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial

6. Manuscript Identifying Number (if you know it)

M14-0180

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Dr. Hu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yanxi	2. Surname (Last Name) Liu	3. Date 23-June-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lydia Bazzano
5. Manuscript Title Reduction in Cardiovascular Disease Risk Factors with Long-Term Low Carbohydrate Diet: A Randomized, Controlled Trial		
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