

ICMJE DISCLOSURE FORM

Date: 3/11/2021
 Your Name: Evan Reynolds
 Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes
 Manuscript number (if known): 146849-INS-CMED-RV-2

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH NS T32	Postdoctoral training fellowship
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, society, committee or advocacy group, paid or unpaid	___ None	
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:

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

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Date: 3/11/2021

Your Name: Gulcin Akinci

Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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ICMJE DISCLOSURE FORM

Date: 3/11/2021

Your Name: MOUSUMI BANERJEE

Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes

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3	Royalties or licenses	<u>None</u>	
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ICMJE DISCLOSURE FORM

Date: 3/11/2021
 Your Name: Helen C Looker
 Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes
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Date: 3/11/2021

Your Name: Adam Patterson

Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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Date: 3/11/2021

Your Name: Robert G Nelson

Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes

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Time frame: past 36 months			
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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, society, committee or advocacy group, paid or unpaid	___ None	
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Date: 3/11/2021
 Your Name: Eva L. Feldman, MD, PhD
 Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes
 Manuscript number (if known): 146849-INS-CMED-RV-2

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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.	National Institutes of Health	R24DK082841, R21NS102924
		NeuroNetwork for Emerging Therapies	
		Robert and Katherine Jacobs Environmental Health Initiative	
		Robert Nederlander Sr. Program for Alzheimer's Research	
		Sinai Medical Staff Foundation	
Time frame: past 36 months			
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	___ None	
4	Consulting fees	Novartis	Consulting fees for service provided October 2019
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	
11	Stock or stock options	___ None	
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Date: 3/11/2021
 Your Name: Brian Callaghan
 Manuscript Title: The determinants of complication trajectories in American Indians with type 2 diabetes
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		<u>NIDDK R01</u>	grant
		<u>CSRD Merit</u>	grant
		<u>AAN</u>	Research contracts
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>Dynamed</u>	Payments to me for evidence based reviews

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ Vaccine injury compensation program	Payments to me
		Medicolegal work	Payments to me
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	___ AAN	Editorial board, payments to me
11	Stock or stock options	___ None	
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