

Disclosure Form Pertaining to ADA Editorial Activities International Committee of Medical Journal Editors (ICMJE) Adapted by the American Diabetes Association

2/14/2024		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to your role as editor for the above-titled journal. "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 relationships/activities/interests of the editors should be defined broadly. For example, if you are asked to oversee the peer-review of manuscripts pertaining to the epidemiology of diabetes, you should declare all relationships with manufacturers of glucose-lowering medications.

This form was modified by the American Diabetes Association (ADA) in December 2023 to pertain to editorial review activities for ADA professional publications. The original disclosure form developed by the International Committee of Medical Journal Editors (ICMJE) can be found at https://www.icmje.org/disclosure-of-interest.

		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	Funding support for research projects completed or awarded in the past 36 months (including provision of study materials, article processing charges, etc.)	Not applicable	Support for research has been obtained from a variety of governmental and nongovernmental agencies. These will be made available upon request. Any funding support is independent of my editorial role at ADA journals. Click the tab key to add additional rows.			
		•	Continues on the next page			



		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: Past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None			
		Not applicable	Support for research has been obtained from a variety of governmental and nongovernmental agencies. These will be made available upon request. Any funding support is independent of my editorial role at ADA journals.		
			Click the tab key to add additional rows.		
3	Royalties or licenses	⊠ None			
			Click the tab key to add additional rows.		
4	Consulting fees	nsulting fees \bigcup \mathbb{None}			
		Abeta, ActoBio Therapeutics, CodeBio, Diamyd Medical, Endsulin, ForkHead Biotherapeutics, Inspira Therapeutics, Janssen, Nirmindas, Provention Bio, Quell, Repitoire, Novo Nordisk.	Click the tab key to add additional rows.		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None			
		Provention Bio, Sanofi, Vertex.			
			Click the tab key to add additional rows.		
6	Payment for expert testimony	[⊠] None			
			Click the tab key to add additional rows.		
7	Support for attending meetings and/or travel	None			
			Click the tab key to add additional rows.		
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8	Patents planned, issued or pending	[⊠] None			
		Click the tab key to add additional rows.			
9	Participation on a Data Safety Monitoring Board or	□ None			
	Advisory Board	Imcyse			
		Click the tab key to add additional rows.			
10	Leadership or fiduciary role in other board, society,	□ None			
	committee or advocacy	Diamyd Medical			
	group, paid or unpaid				
		Click the tab key to add additional rows.			
11	Stock or stock options	□ None			
		Diamyd Medical, Endsulin, IM Therapeutics			
		Click the tab key to add additional rows.			
12	Receipt of equipment, materials, drugs, medical	⊠ None			
	writing, gifts or other services				
	SOLVICES	Click the tab key to add additional rows.			
13	Other financial or non- financial interests	⊠ None			
		Click the tab key to add additional rows.			
Plea	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.			

Mark Atkinson, Ph.D.