

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

Date: 2/7/2024

Name: Stephanie L. Fitzpatrick

Journal Title: Diabetes Care

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.)	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td>National Institute of Nursing Research</td> <td>Institution</td> </tr> <tr> <td>National Institute on Minority Health and Health Disparities</td> <td>Institution</td> </tr> <tr> <td colspan="2" style="text-align: right;">Click the tab key add additional rows.</td> </tr> </table>	National Institute of Nursing Research	Institution	National Institute on Minority Health and Health Disparities	Institution	Click the tab key add additional rows.		
National Institute of Nursing Research	Institution								
National Institute on Minority Health and Health Disparities	Institution								
Click the tab key add additional rows.									
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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)						
Time frame: Past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: #ccc;">Click the key to add additional rows.</td></tr> </table>						Click the key to add additional rows.	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: #ccc;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Beth Israel Deaconess Medical Center</td> <td style="width: 50%;">Payments made to me as consultant on clinical trial</td> </tr> <tr> <td>Kaiser Permanente Northwest/Center for Health Research</td> <td>Payments made to me as Senior Research Affiliate</td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	Beth Israel Deaconess Medical Center	Payments made to me as consultant on clinical trial	Kaiser Permanente Northwest/Center for Health Research	Payments made to me as Senior Research Affiliate		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: #ccc;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; color: #ccc;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Northwell Health</td> <td style="width: 50%;">Travel reimbursements made to me as an employee/faculty member at Northwell</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	Northwell Health	Travel reimbursements made to me as an employee/faculty member at Northwell				Click the tab key to add additional rows.	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
			Click the tab key to add additional rows.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		University of Illinois at Chicago	DSMB Member on NIH-funded R01 trial
			Click the tab key to add additional rows.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Society for Health Psychology (APA Division 38)	President-Elect
		Oregon Health Authority Metrics & Scoring Committee	Member
			Click the tab key to add additional rows.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
			Click the tab key to add additional rows.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
			Click the tab key to add additional rows.
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
			Click the tab key to add additional rows.

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.