

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

Date: 2/8/2024

Name: Neda Laiteerapong

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="margin-top: 10px;"> <tr> <td>NIH</td> <td>Institution</td> </tr> <tr> <td>AHRQ</td> <td>Institution</td> </tr> <tr> <td>IL Department of Public Health</td> <td>Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIH	Institution	AHRQ	Institution	IL Department of Public Health	Institution					
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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: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab 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: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; color: gray;">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: 60%;">American Diabetes Association, Editorial Board</td> <td style="width: 40%;">Me</td> </tr> <tr> <td>NIH Study</td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td> </tr> </table>	American Diabetes Association, Editorial Board	Me	NIH Study			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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">University of Michigan, speaker fees</td> <td style="width: 40%;">Me</td> </tr> <tr> <td>National Committee for Quality Assurance (NCQA) and Helmsley Charitable Trust Diabetes Expert Panel Member for the NCQA Diabetes Recognition Program (DRP)</td> <td>Me</td> </tr> </table>	University of Michigan, speaker fees	Me	National Committee for Quality Assurance (NCQA) and Helmsley Charitable Trust Diabetes Expert Panel Member for the NCQA Diabetes Recognition Program (DRP)	Me			
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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: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; color: gray;">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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>				Click the tab key to add additional rows.			
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 285 1469 394"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 512 1469 621"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" data-bbox="513 716 1469 884"> <tr> <td data-bbox="513 716 972 814">Member, American Diabetes Association Research Policy Committee</td> <td data-bbox="972 716 1469 814">No payment</td> </tr> <tr> <td data-bbox="513 814 972 856">SGIM Fellowship Task Force Member</td> <td data-bbox="972 814 1469 856">No payment</td> </tr> <tr> <td> </td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Member, American Diabetes Association Research Policy Committee	No payment	SGIM Fellowship Task Force Member	No payment		Click the tab key to add additional rows.
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 982 1469 1092"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 1211 1469 1320"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 1417 1469 1526"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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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.