

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

**Date:** 6/10/2024

**Your Name:** Naveed Sattar

**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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	Funding support for research projects completed or awarded in the past 36 months (including provision of study materials, article processing charges, etc.)	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">AstraZeneca</td> <td>Paid to Institution</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>Paid to Institution</td> </tr> <tr> <td>Novartis</td> <td>Paid to Institution</td> </tr> <tr> <td>Roche Diagnostics</td> <td>Paid to Institution</td> </tr> </table>	AstraZeneca	Paid to Institution	Boehringer Ingelheim	Paid to Institution	Novartis	Paid to Institution	Roche Diagnostics	Paid to Institution																					
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%; height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>						Click the tab key to add additional rows.																							
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<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;">Abbott Laboratories</td><td>Fees paid via Institution</td></tr> <tr><td>AbbVie</td><td>Fees paid via Institution</td></tr> <tr><td>Amgen</td><td>Fees paid via Institution</td></tr> <tr><td>AstraZeneca</td><td>Fees paid via Institution</td></tr> <tr><td>Boehringer Ingelheim</td><td>Fees paid via Institution</td></tr> <tr><td>Eli Lilly</td><td>Fees paid via Institution</td></tr> <tr><td>Hanmi Pharmaceuticals</td><td>Fees paid via Institution</td></tr> <tr><td>Janssen</td><td>Fees paid via Institution</td></tr> <tr><td>Menarini-Ricerche</td><td>Fees paid via Institution</td></tr> <tr><td>Novartis</td><td>Personal Fees</td></tr> <tr><td>Novo Nordisk</td><td>Fees paid via Institution</td></tr> <tr><td>Pfizer</td><td>Fees paid via Institution</td></tr> <tr><td>Roche Diagnostics</td><td>Personal Fees</td></tr> <tr><td>Sanofi</td><td>Fees paid via Institution</td></tr> </table>	Abbott Laboratories	Fees paid via Institution	AbbVie	Fees paid via Institution	Amgen	Fees paid via Institution	AstraZeneca	Fees paid via Institution	Boehringer Ingelheim	Fees paid via Institution	Eli Lilly	Fees paid via Institution	Hanmi Pharmaceuticals	Fees paid via Institution	Janssen	Fees paid via Institution	Menarini-Ricerche	Fees paid via Institution	Novartis	Personal Fees	Novo Nordisk	Fees paid via Institution	Pfizer	Fees paid via Institution	Roche Diagnostics	Personal Fees	Sanofi	Fees paid via Institution	
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<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;">Abbott Laboratories</td><td>Fees paid via Institution</td></tr> <tr><td>AbbVie</td><td>Fees paid via Institution</td></tr> <tr><td>AstraZeneca</td><td>Fees paid via Institution</td></tr> <tr><td>Boehringer Ingelheim</td><td>Fees paid via Institution</td></tr> <tr><td>Eli Lilly</td><td>Fees paid via Institution</td></tr> <tr><td>Janssen</td><td>Fees paid via Institution</td></tr> <tr><td>Novo Nordisk</td><td>Personal Fees</td></tr> <tr><td>Sanofi</td><td>Personal Fees</td></tr> </table>	Abbott Laboratories	Fees paid via Institution	AbbVie	Fees paid via Institution	AstraZeneca	Fees paid via Institution	Boehringer Ingelheim	Fees paid via Institution	Eli Lilly	Fees paid via Institution	Janssen	Fees paid via Institution	Novo Nordisk	Personal Fees	Sanofi	Personal Fees													
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 285 1469 390"> <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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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 516 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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<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 810 1469 915"> <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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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1041 1469 1146"> <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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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1251 1469 1356"> <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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1461 1469 1566"> <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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1692 1469 1797"> <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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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="516 283 1469 388"> <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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<b>Please place an “X” next to the following statement to indicate your agreement:</b>								
<input checked="" type="checkbox"/>	I certify that I have answered every question and have not altered the wording of any of the questions on this form.							