

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

Date: 1/18/2024

Your Name: Elizabeth Selvin

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"> <tr> <td>National Institutes of Health, Foundation for the National Institutes of Health</td> <td>Payments to Johns Hopkins</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	National Institutes of Health, Foundation for the National Institutes of Health	Payments to Johns Hopkins				Click the tab key to add additional rows.	
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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: 15px;"></td><td style="width: 50%;"></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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Wolters Kluwer/UpToDate</td> <td style="width: 50%; padding: 5px;">Dr. Selvin receives payments (personal compensation) from Wolters Kluwer for her authorship of chapters and laboratory monographs in UpToDate on measurements of glycemic control and screening tests for type 2 diabetes.</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>	Wolters Kluwer/UpToDate	Dr. Selvin receives payments (personal compensation) from Wolters Kluwer for her authorship of chapters and laboratory monographs in UpToDate on measurements of glycemic control and screening tests for type 2 diabetes.				Click the tab key to add additional rows.	
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></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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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: 15px;"></td><td style="width: 50%;"></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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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: 15px;"></td><td style="width: 50%;"></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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7	Support for attending meetings and/or travel	<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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 583 1469 693"> <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 type="checkbox"/> None <table border="1" data-bbox="513 814 1469 924"> <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 1016 1469 1575"> <tr> <td data-bbox="513 1016 971 1050">Editorial Board, Diabetologia</td> <td data-bbox="971 1016 1469 1050">Personal compensation (honorarium)</td> </tr> <tr> <td data-bbox="513 1050 971 1180">Expert Advisor, American Diabetes Association Professional Practice Committee: Standards of Medical Care in Diabetes</td> <td data-bbox="971 1050 1469 1180">Unpaid</td> </tr> <tr> <td data-bbox="513 1180 971 1310">Chair, Special Interest Group on Prediabetes, International Diabetes Federation, Atlas 10th and 11th editions</td> <td data-bbox="971 1180 1469 1310">Unpaid</td> </tr> <tr> <td data-bbox="513 1310 971 1407">Steering Committee, NGSP (National Glycohemoglobin Standardization Program)</td> <td data-bbox="971 1310 1469 1407">Unpaid</td> </tr> <tr> <td data-bbox="513 1407 971 1575">Member, Working Group on Continuous Glucose Monitoring (WG-CGM), International Federation of Clinical Chemistry and Laboratory Medicine (IFCC)</td> <td data-bbox="971 1407 1469 1575">Unpaid</td> </tr> </table>	Editorial Board, Diabetologia	Personal compensation (honorarium)	Expert Advisor, American Diabetes Association Professional Practice Committee: Standards of Medical Care in Diabetes	Unpaid	Chair, Special Interest Group on Prediabetes, International Diabetes Federation, Atlas 10 th and 11 th editions	Unpaid	Steering Committee, NGSP (National Glycohemoglobin Standardization Program)	Unpaid	Member, Working Group on Continuous Glucose Monitoring (WG-CGM), International Federation of Clinical Chemistry and Laboratory Medicine (IFCC)	Unpaid
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 1671 1469 1780"> <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="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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="516 483 1469 588"> <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:									
<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.								