

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

Date: 8/31/2021

Your Name: David Simmons

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>National Health and Medical Research Council</td> <td>Research funding to my institution</td> </tr> <tr> <td>Medical Research Futures Fund</td> <td>Research funding to my institution</td> </tr> <tr> <td>Ingham Institute</td> <td>Research funding to my institution</td> </tr> <tr> <td>Digital health Cooperative Research Centre</td> <td>Research funding to my institution</td> </tr> <tr> <td>Sydney Partnership for Health Education Research and Enterprise</td> <td>Research funding to my institution</td> </tr> <tr> <td>West's Club</td> <td>Research funding to my institution</td> </tr> </table>	National Health and Medical Research Council	Research funding to my institution	Medical Research Futures Fund	Research funding to my institution	Ingham Institute	Research funding to my institution	Digital health Cooperative Research Centre	Research funding to my institution	Sydney Partnership for Health Education Research and Enterprise	Research funding to my institution	West's Club	Research funding to my institution	
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	TTRA-MTP	Research funding to my institution
	George Institute	Research funding to my institution
	Australasian Diabetes in Pregnancy Society	Research funding to my institution
	Hitachi Australia	Research funding to my institution
	Ascensia Diabetes Care	Research funding to my institution
	La Trobe University	Research funding to my 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 type="checkbox"/> None	
		South Western Sydney Local Health District	Employee
		Western Sydney University	Employee
		Boehringer Ingelheim	Educational grant
		Abbott	Educational grant

3	Royalties or licenses	<input type="checkbox"/> None	
			<i>Click the tab key to add additional rows.</i>

4	Consulting fees	<input type="checkbox"/> None	
		Aotearoa Clinical Trials	Payment to me
		Orebro Region, Sweden	Research funding to my institution
			<i>Click the tab key to add additional rows.</i>

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		American Diabetes Association	Honorarium to me
		Novo Nordisk	Honorarium to me
		Orange	Honorarium to me
		University of Keele	Honorarium to me
		AUT University	Honorarium to me
		Ascensia	Honorarium to me
		Elsevier	Honorarium to me
		Sanofi	Honorarium to me

6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <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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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <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 type="checkbox"/> None <table border="1"> <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"> <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"> <tr> <td>Diabetes Australia</td> <td>Chief medical officer (Paid)</td> </tr> <tr> <td>Medication Safety Committee ACSQHC (Australian Govt)</td> <td>Committee member (paid)</td> </tr> <tr> <td>Australasian Diabetes in Pregnancy Society</td> <td>Ex President/Board member (Voluntary)</td> </tr> <tr> <td>Aotearoa Diabetes Foundation</td> <td>Patron (Voluntary)</td> </tr> <tr> <td>Ingham Institute</td> <td>Committee (various) member (Voluntary)</td> </tr> </table>	Diabetes Australia	Chief medical officer (Paid)	Medication Safety Committee ACSQHC (Australian Govt)	Committee member (paid)	Australasian Diabetes in Pregnancy Society	Ex President/Board member (Voluntary)	Aotearoa Diabetes Foundation	Patron (Voluntary)	Ingham Institute	Committee (various) member (Voluntary)
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11	Stock or stock options	<input type="checkbox"/> None <table border="1" data-bbox="513 285 1469 392"> <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 type="checkbox"/> None <table border="1" data-bbox="513 514 1469 653"> <tr> <td data-bbox="513 514 972 583">AMSL (Australia)</td> <td data-bbox="972 514 1469 583">Tandem loan pumps for a publicly funded RCT</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>Click the tab key to add additional rows.</td></tr> </table>		AMSL (Australia)	Tandem loan pumps for a publicly funded RCT				Click the tab key to add additional rows.
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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" data-bbox="513 749 1469 856"> <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.								