

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

**Date:** 6/7/2024

**Your Name:** Emily Sims

**Journal Title:** Click or tap here to enter text.

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 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>Time frame: Past 36 months</b>									
<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%; 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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<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b> <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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<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 15px;">Sanofi</td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;">DRI Healthcare</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>	Sanofi		DRI Healthcare			Click the tab key to add additional rows.	
Sanofi									
DRI Healthcare									
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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;"> <tr><td style="width: 60%; height: 15px;">Med Learning Group LLC</td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;">Medscape</td><td></td></tr> <tr><td style="height: 15px;">The American Diabetes Association Health Matters CME</td><td style="text-align: right; color: gray;">Click the tab key to add additional rows.</td></tr> </table>	Med Learning Group LLC		Medscape		The American Diabetes Association Health Matters CME	Click the tab key to add additional rows.	
Med Learning Group LLC									
Medscape									
The American Diabetes Association Health Matters CME	Click the tab key to add additional rows.								
<b>6</b>	Payment for expert testimony	<input type="checkbox"/> <b>None</b> <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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<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <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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<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> <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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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <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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<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 718 1469 827"> <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 type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 924 1469 1033"> <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 type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1150 1469 1260"> <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 type="checkbox"/> <b>None</b> <table border="1" data-bbox="513 1356 1469 1465"> <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.