

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Guo-Shan

2. Surname (Last Name)

Feng

3. Date

26-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yong-Bing Xiang

5. Manuscript Title

Population attributable risk of excess weight, abdominal obesity and physical inactivity for type 2 diabetes in Chinese men and women

6. Manuscript Identifying Number (if you know it)

ATM-20-6121-R2

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Are there any relevant conflicts of interest? Yes No

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Dr. Feng has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hong-Lan	2. Surname (Last Name) Li	3. Date 02-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yong-Bing Xiang
5. Manuscript Title Population attributable risk of excess weight, abdominal obesity and physical inactivity for type 2 diabetes in Chinese men and women		
6. Manuscript Identifying Number (if you know it) ATM-20-6121-R2		

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Section 1. Identifying Information

1. Given Name (First Name) Qiu-Ming	2. Surname (Last Name) Shen	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yong-Bing Xiang
5. Manuscript Title Population attributable risk of excess weight, abdominal obesity and physical inactivity for type 2 diabetes in Chinese men and women		
6. Manuscript Identifying Number (if you know it) ATM-20-6121-R2		

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Section 1. Identifying Information

1. Given Name (First Name) Zhuo-Ying	2. Surname (Last Name) Li	3. Date 30-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yong-Bing Xiang
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yong-Bing

2. Surname (Last Name)
Xiang

3. Date
02-November-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Population attributable risk of excess weight, abdominal obesity and physical inactivity for type 2 diabetes in Chinese men and women

6. Manuscript Identifying Number (if you know it)
ATM-20-6121-R2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Research Grant from the State Key Laboratory of Oncogenes and Related Genes (#91-1708)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Dr. Xiang reports grants from Research Grant from the State Key Laboratory of Oncogenes and Related Genes (#91-1708), grants from US National Institutes of Health (UM1 CA182910, UM1 CA173640), during the conduct of the study; .

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