ICMJE DISCLOSURE FORM

Date: 6/25/2023

Your Name: Michael Yafi

Manuscript Title: Narrative review of the role of technology in pediatric diabetes: from testing blood glucose to

subcutaneous automated therapy and hope for cure

Manuscript number (if known): ID: TP-23-145

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X Nnone	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
	,		
_			
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

Please summarize the above conflict of interest in the following box:

None.		

Please place an "X" next to the following statement to indicate your agreement:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORNI

Date: 06/20/2023 Your Name: Avni Shah

Manuscript Title: Technology and pediatric diabetes: from testing blood glucose to subcutaneous automated

therapy and hope for cure

Manuscript number (if known): TP-23-145

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broad</u> <u>y</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initia	l planning of the work
1	All support for the present manuscript (e.g., funding,	_xNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	: 36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
3	in item #1 above). Royalties or licenses	x None	
	Troyundes of ficerises		
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations,	_x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
7 :	Support for attending	_xNone	
	meetings and/or travel		
8	Patents planned, issued or pending	_xNone	
9.	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board	Nano	
10	Leadership or fiduciary role in other board, society,	_xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical	_xNone	
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
Ρl	ease summarize the above o	onflict of interest in the following box:	
Г			

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.

as

ICMJE DISCLOSURE FORM

Date: 6/9/2023		
Vous Nomos	J. Velez	
Manuscript Title: Narrative Manuscript number (if known):	Review of the Role	of technology in Rediation
	Subjectes: from to	esting blown glucase to for cure

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

		1./1
5	Payment or honoraria for	<u>≪</u> None
	lectures, presentations,	
	speakers bureaus,	
1	manuscript writing or	
	educational events	
6	Payment for expert	✓_ None
	testimony	
1		
7	Support for attending	✓ None
· I	meetings and/or travel	
ļ	meetings and or a aver	
ļ		
Ì		
8	Patents planned, issued or	None
	pending	
1		
9	Participation on a Data	
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
10	in other board, society,	64
ł	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
ĺ	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	○ None
1	financial interests	

Please summarize the above conflict of interest in the following box:

N/A			

Please place an "X" next to the following statement to indicate your agreement:

Control of the question and have not altered the wording of any of the questions on this form.