

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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

n-Financial Support: Examples include drugs/equipment

Coughlin 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Steven S.		2. Surname (Last Name) Coughlin		3. Date 22-December-2017	
4. Are you the corresponding author?		✓ Yes No			
 5. Manuscript Title Use of a web portal among adult clinic patients seen for type 2 diabetes mellitus 6. Manuscript Identifying Number (if you know it) 					
Section 2.	The Work Under Co	onsideration for Publ	ication		
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.)? Are there any relevant conflicts of interest? Yes No					
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. Uport relations hips that we	Jse one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.	
Section 4.	Intellectual Prope	rty Patents & Copyr	ights		
Do you have any	patents, whether plan	ned, pending or issued, b	proadly relevant to the work?	? ☐ Yes ✓ No	

Coughlin 2



Section 5. Relationships not sovered above
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Section 6. Disclosure Statement
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Dr. Fan has nothing to disclose.Dr. Coughlin has nothing to disclose.

Evaluation and Feedback

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Heboyan 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Vahé		2. Surname (Last Name) Heboyan		3. Date 22-December-2017		
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Use of a web portal among adult clinic patients seen for type 2 diabetes mellitus						
6. Manuscript Ider	6. Manuscript Identifying Number (if you know it)					
	ı					
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Section 3.	Relevant financial	activities outside the suk	omitted work.			
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	in the table to indicate wheth ibed in the instructions. Use of port relationships that were	er you have financial rel one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.		
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Do you have any		ned, pending or issued, broa		? ☐ Yes ✓ No		

Heboyan 2



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Williams 1



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1. Given Name (First Name) Lovoria B.		2. Surname (Last Name) Williams		3. Date 22-December-2017		
4. Are you the corresponding author?		✓ Yes No				
5. Manuscript Title Use of a web portal among adult clinic patients seen for type 2 diabetes mellitus						
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Place a check in to of compensation clicking the "Add	the appropriate boxes i) with entities as descri	ibed in the instructions. Use port relationships that were	ner you have financial rel one line for each entity; a	lationships (regardless of amount add as many lines as you need by months prior to publication.		
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Hatzigeorgiou 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Christos		2. Surname (Last Name) Hatzigeorgiou		3. Date 22-December-2017	
4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title Use of a web portal among adult clinic diabetes mellitus		patients se	een for type 2		
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Continue					
Section 4.	Intellectual Prope	ty Pate	ents & Copyrights		
Do you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Hatzigeorgiou 2



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