ICMJE Form for Disclosure of Potential Conflicts of Interest

**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.

1. **Identifying information.**

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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
### Section 1. Identifying Information

1. Given Name (First Name)  
   Mark  
2. Surname (Last Name)  
   Rigby  
3. Date  
   10-December-2014  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes  
6. Manuscript Identifying Number (if you know it)  

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Dr. Rigby has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Linda
2. Surname (Last Name) DiMeglio
3. Date 05-December-2014
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes
6. Manuscript Identifying Number (if you know it)

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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If yes, please fill out the appropriate information below.

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Dr. DiMeglio reports personal fees from Sanofi, grants from Novo-Nordisk, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jean

2. Surname (Last Name)  
   Dostou

3. Date  
   01-December-2014

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
Mark Rigby

5. Manuscript Title  
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Dr. Dostou has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) 
   Mario
2. Surname (Last Name) 
   Ehlers
3. Date 
   10-December-2014
4. Are you the corresponding author? 
   [ ] Yes  [X] No
   Corresponding Author’s Name 
   Mark Rigby
5. Manuscript Title 
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Dr. Ehlers has nothing to disclose.

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<td>12-December-2014</td>
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4. Are you the corresponding author?  
- Yes  
- No  
- ✔ No

4. Corresponding Author’s Name  
- Mark Rigby

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Dr. Felner has nothing to disclose.

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

**Definitions.**

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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)  
   Margaret

2. Surname (Last Name)  
   Fitzgibbon

3. Date  
   11-December-2014

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Mark Rigby

5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

**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.)?

Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐  No ☑
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mrs. Fitzgibbon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Stephen
2. Surname (Last Name)  Gitelman
3. Date  01-December-2014
4. Are you the corresponding author?  No
5. Manuscript Title  Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes
6. Manuscript Identifying Number (if you know it)

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.)?  No

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Dr. Gitelman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Peter  
2. Surname (Last Name)  
   Gottlieb  
3. Date  
   07-December-2014  
4. Are you the corresponding author?  
   Yes  ✔  No  
   Corresponding Author’s Name  
   Mark Rigby  
5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes  
6. Manuscript Identifying Number (if you know it)  

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   Yes  ✔  No  

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Are there any relevant conflicts of interest?  
   Yes  ✔  No  
If yes, please fill out the appropriate information below.

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<td></td>
<td>AAT for trial</td>
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Intelectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes  ☐ No
If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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</table>

Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑️ No other relationships/conditions/circumstances that present a potential conflict of interest

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Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gottlieb reports grants from Pfizer, grants from JDRF, other from Viacyte, grants from Novartis, non-financial support from Genentech, grants and other from NIH, grants from Omni BioPharmaceuticals, Inc., non-financial support from Baxter, outside the submitted work. In addition, Dr. Gottlieb has a patent AAT for treatment of T1D with royalties paid to Omni BioPharm.
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Section 1. Identifying Information

1. Given Name (First Name)  
Carla

2. Surname (Last Name)  
Greenbaum

3. Date  
01-December-2014

4. Are you the corresponding author?  
[] Yes  [x] No

Corresponding Author’s Name  
Mark Rigby

5. Manuscript Title  
Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

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Are there any relevant conflicts of interest?  
[] Yes  [x] No

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[ ] Yes  [x] No
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<tr>
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☐ Yes  ☑ No

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Dr. Greenbaum reports grants from Novo Nordisk, non-financial support from MacroGenics, Inc, grants from Novartis, non-financial support from Bristol-Myers Squibb, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kurt

2. Surname (Last Name)  
   Griffin

3. Date  
   11-December-2014

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Mark Rigby

5. Manuscript Title  
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   □ Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Griffin has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Kristina</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Harris</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-December-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Mark Rigby</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes</td>
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<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
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</table>

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Are there any relevant conflicts of interest? ✔

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Dr. Harris has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Sai

2. **Surname (Last Name)**  
   Kanaparthi

3. **Date**  
   05-December-2014

4. **Are you the corresponding author?**  
   - Yes
   - No  
   Yes

5. **Manuscript Title**  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. **Manuscript Identifying Number (if you know it)**  
   

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Are there any relevant conflicts of interest?  
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Mr. Kanaparthi has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Lynette

2. **Surname (Last Name)**
   Keyes-Elstein

3. **Date**
   10-December-2014

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

   **Corresponding Author’s Name**
   Mark Rigby

5. **Manuscript Title**
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. **Manuscript Identifying Number (if you know it)**

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Dr. Keyes-Elstein has nothing to disclose.

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1. Given Name (First Name)  
   Noha

2. Surname (Last Name)  
   Lim

3. Date  
   05-December-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name
   Mark Rigby

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1. Given Name (First Name)  
   Sarah Alice  

2. Surname (Last Name)  
   Long  

3. Date  
   02-December-2014  

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  

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   Mark Rigby  

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Dr. Long has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) James
2. Surname (Last Name) McNamara
3. Date 11-December-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Mark Rigby
5. Manuscript Title Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes
6. Manuscript Identifying Number (if you know it)

**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.)?
Are there any relevant conflicts of interest? Yes ☐ No ☑

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Are there any relevant conflicts of interest? Yes ☐ No ☑

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. McNamara has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roshanak</td>
<td>Monzavi</td>
<td>02-December-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   - Yes  
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   ✔ No

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

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   - Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Monzavi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Wayne

2. Surname (Last Name)  
   Moore

3. Date  
   04-December-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Mark Rigby

5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

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.)?

Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Moore has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Gerald

2. Surname (Last Name)  
   Nepom

3. Date  
   03-December-2014

4. Are you the corresponding author?  
   ❑ Yes  ❑ No

   Corresponding Author’s Name  
   Mark Rigby

5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ❑ Yes  ❑ No

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Are there any relevant conflicts of interest?  
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Consulting honoraria received from Genentech, Pfizer, and GSK, not directly related to this work but in the general area of autoimmune therapeutics.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  Deborah  
2. Surname (Last Name)  Phippard  
3. Date  08-December-2014  
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  Mark Rigby  
5. Manuscript Title  Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes  
6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  Yes  No  

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No  

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IMInternational Committee of Medical Journal Editors
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Phippard has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
   Ashley

2. Surname (Last Name)  
   Pinckney

3. Date  
   11-December-2014

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

Corresponding Author’s Name  
   Mark Rigby

5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

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.)?

Are there any relevant conflicts of interest?  
   [ ] Yes  ✔ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   [ ] Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Pinckney has nothing to disclose.

Evaluation and Feedback

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Raskin
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Philip
2. Surname (Last Name)  Raskin
3. Date  11-December-2014

4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Mark Rigby

5. Manuscript Title
Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

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.)?
Are there any relevant conflicts of interest?  Yes  ✔  No

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Are there any relevant conflicts of interest?  Yes  ✔  No
If yes, please fill out the appropriate information below.

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<thead>
<tr>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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<tbody>
<tr>
<td>Janssen Pharmaceuticals, Inc</td>
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<tr>
<td>Boston Therapeutics</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Consultant</td>
</tr>
<tr>
<td>Glaxo Smith Kline</td>
<td></td>
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Dr. Raskin has received research support, payable to the University of Texas Southwestern Medical Center, from Amylin Pharmaceuticals, Andromeda Biotech Ltd, Astra Zeneca Pharmaceuticals, LP, Boehringer-Ingelheim Pharmaceuticals, Intarcia, Eli Lilly & Company, Merck, Novo Nordisk, Pfizer Inc. Dr. Raskin is also an advisor for Janssen Pharmaceuticals, Inc, Boston Therapeutics and Glaxo Smith Kline Pharmaceuticals.

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Dr. Raskin reports personal fees from Janssen Pharmaceuticals, Inc, personal fees from Boston Therapeutics, personal fees from Glaxo Smith Kline, outside the submitted work; and Dr. Raskin has received research support, payable to the University of Texas Southwestern Medical Center, from Amylin Pharmaceuticals, Andromeda Biotech Ltd, Astra Zeneca Pharmaceuticals, LP, Boehringer-Ingelheim Pharmaceuticals, Intarcia, Eli Lilly & Company, Merck, Novo Nordisk, Pfizer Inc. Dr. Raskin is also an advisor for Janssen Pharmaceuticals, Inc, Boston Therapeutics and Glaxo Smith Kline Pharmaceuticals.

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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)  
   Marc

2. Surname (Last Name)  
   Rendell

3. Date  
   27-November-2014

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Mark Rigby

5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)  

## 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.)?  

Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   [x] No
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Dr. Rendell has nothing to disclose.

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5. Relationships not covered above.

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Sherry
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nicole
2. Surname (Last Name)  Sherry
3. Date  15-December-2014
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Mark Rigby
5. Manuscript Title
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes
6. Manuscript Identifying Number (if you know it)

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.)?  Are there any relevant conflicts of interest?  Yes  ✔  No

Section 3. Relevant financial activities outside the submitted work.

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If yes, please fill out the appropriate information below.

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</tr>
</thead>
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<td></td>
<td></td>
<td>Consultation ended in 2012</td>
</tr>
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<td></td>
<td></td>
<td>Consultant, DSMB for Levimer study, ongoing</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  ✔  No
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Dr. Sherry reports grants and personal fees from Macrogenics, Inc, personal fees from NovoNordisk, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Carol

2. Surname (Last Name)
   Soppe

3. Date
   10-December-2014

4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Mark Rigby

5. Manuscript Title
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ No

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Ms. Soppe has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
   Eva

2. Surname (Last Name)  
   Tsalikian

3. Date  
   11-December-2014

4. Are you the corresponding author?  
   Yes  ✔ No

Corresponding Author’s Name
   Mark Rigby

5. Manuscript Title  
   Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

6. Manuscript Identifying Number (if you know it)

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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

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Dr. Tsalikian has nothing to disclose.

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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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Section 1. Identifying Information

1. Given Name (First Name)  
Steven M.

2. Surname (Last Name)  
Willi

3. Date  
28-November-2014

4. Are you the corresponding author?  
☑ No

Corresponding Author's Name  
Mark Rigby

5. Manuscript Title  
Durable Clinical and Immunologic Effects of Alefacept in New-onset Type 1 Diabetes

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Are there any relevant conflicts of interest?  
☑ No

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Dr. Willi has nothing to disclose.

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