

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.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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.

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

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Serene

2. Surname (Last Name)
Ansari

3. Date
23-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
The impact of religiosity on dietary habits and physical activity in minority women participating in the Health is Power (HIP) study

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

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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.

Serene Ansari has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name)
Erica

2. Surname (Last Name)
Soltero

3. Date
22-December-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Rebecca E. Lee

5. Manuscript Title

The impact of religiosity on dietary habits and physical activity in minority women participating in the Health is Power (HIP) study

6. Manuscript Identifying Number (if you know it)

PMEDR-16-67R1

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Dr. Soltero has nothing to disclose.

Evaluation and Feedback

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Corresponding Author's Declaration Form *Preventive Medicine*



Manuscript title:	The impact of religiosity on dietary habits and physical activity in minority women participating in the Health is Power (HIP) study
Corresponding author:	Elizabeth Lorenzo
Additional authors in the order provided in the manuscript:	Serene Ansari, Erica G. Soltero, Rebecca E. Lee

The corresponding author must provide statements of authorship, originality, conflicts of interest, and research funding on behalf of all authors of the manuscript.

Authorship and Originality:

The corresponding author warrants that all aforementioned authors fulfill the [criteria of authorship](#) as defined by the International Committee of Medical Journal Editors (ICMJE) and explained [here](#). The corresponding author further warrants that the work described in this manuscript has not been published before and is not (nor will be) under consideration elsewhere while under review in *Preventive Medicine*; that all authors approved the present submitted version and their institutions have no objections to the manuscript's contents.

Conflict of interest:

The corresponding author submits the following disclosure of financial or other relationships with companies or organizations that are stakeholders in the topic of the manuscript. For details read this [fact sheet](#). Choose one below:

<input checked="" type="checkbox"/> The authors have no conflicts of interest to disclose
<input type="checkbox"/> The following authors report specific relationships (name author, nature of the relationship, and company or organization):

Funding source:

All sources of funding that could have influenced or could be perceived to influence the outcome of this work should be acknowledged. You as corresponding author should declare any involvement of study sponsors in the study design; collection, analysis and interpretation of data; the writing of the manuscript; the decision to submit the manuscript for publication. If the study sponsors had no such involvement, this should be stated. Choose one below:

<input checked="" type="checkbox"/> There were no sources of funding that could have influenced the outcome of this work
<input type="checkbox"/> The following authors report financial support (name author, granting organization, grant number, or company sponsoring the study):

The corresponding author signed this statement on behalf of all coauthors to indicate that the above information is true, correct and complete.

Signature: <i>Elizabeth Lorenzo</i>	Print name: Elizabeth Lorenzo
	Date: 12/21/16

(This form is fillable with adobe software or equivalent. Both graphic and electronic validation signatures via software are acceptable. Alternatively you can sign by hand. Please upload the signed copy with your submission.)

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Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Lee

3. Date
21-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
The impact of religiosity on dietary habits and physical activity in minority women participating in the Health is Power (HIP) study

6. Manuscript Identifying Number (if you know it)
PMEDR_385

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