

ICMJE DISCLOSURE FORM

Date: 3/22/2022

Your Name: Franz Matschinsky

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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 author's relationships/activities/interests should be defined broadly. 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.

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

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Date: 3/22/2022

Your Name: Jeffrey Roman

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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Date: 3/22/2022

Your Name: Alvin C. Powers

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Endocrine Society	Not related to this manuscript
		International Society of Endocrinology	Not related to this manuscript

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Date: 3/22/2022

Your Name: Wei Qin

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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Date: 3/22/2022

Your Name: Nicolai Doliba

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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.

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

ICMJE DISCLOSURE FORM

Date: 3/22/2022

Your Name: Mark Atkinson

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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Date: 3/22/2022

Your Name: Jinping Liu

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

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Date: 3/22/2022

Your Name: Andrea V. Rozo

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							

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

ICMJE DISCLOSURE FORM

Date: 3/22/2022

Your Name: Chengyang Liu

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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.

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ICMJE DISCLOSURE FORM

Date: 3/22/2022

Your Name: Maria Golson

Manuscript Title: **Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals**

Manuscript Number (if known): **156243-JCI-CMED-RV-2**

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		UC4-DK-112217-01 NIDDK as Co-I	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/22/2022

Your Name: Golnaz Vahedi, PhD

Manuscript Title: **Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals**

Manuscript Number (if known): **156243-JCI-CMED-RV-2**

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		CZI review process, Princeton University speaker	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/22/2022

Your Name: Daniel Traum

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/22/2022

Your Name: Doris Stoffers

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/23/2022

Your Name: Elisabetta Manduchi

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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.

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Date: 3/22/2022

Your Name: Long Gao

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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Date: 3/22/2022

Your Name: Marcela Brissova, PhD

Manuscript Title: Alpha Cell Dysfunction in Islets from Non-Diabetic GADA+ Individuals

Manuscript Number (if known): 156243-JCI-CMED-RV-2

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							

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.