1. Identifying Information Date: 26, october 2014 Name (include degree(s)): Heidi Storgaard, MD, PhD Primary Employer: Copenhagen University Hospital Gentofte Title of Project: The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials Are you the Principal Investigator (PI)? XYes No. If not, who is the PI? Heidi Storgaard Data Holder from which data are requested: Medtronic □ Janssen / Johnson & Johnson 2. Financial Support for the Proposed Research Place a check in the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.). Government entity Detail: Commercial entity Detail: Private foundation Detail: Detail: Public hospital Other Detail: 3. Intellectual Property Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? Yes (explain): No

4. Relevant Financial Activities Outside the Proposed Research

Check only the statement that applies:	
 I (and/or my spouse or domestic partner) have no financial relationships to I (and/or my spouse or domestic partner) have a financial relationship or af following commercial interest(s). Provide details in the table below. 	disclose. filiation with the

The table asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of influencing, your proposed research.

Place a check in the appropriate boxes to indicate any financial or other relationships (regardless of amount of compensation). Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf during the 36 months prior to this disclosure. This should include all monies from sources with relevance to the proposed work. If there is a question, it is better to disclose a relationship than not to do so.

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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?
☐ Yes, the following relationships/conditions/circumstances are present (<i>explain</i>): ☐ No other relationships/conditions/circumstances exist that present a potential conflict of interest
On occasion, the YODA Project may ask for additional information about reported relationships.
6. Signature Attesting to the Above
By signing below, you attest that the information provided above is correct.
Signature:
Fillit Name. Heldi Storgaard
Please keep a copy of this document for your records.

7. Definitions

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

Grant: Monies 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, speaker bureaus, expert testimony, employment or other affiliations.

Non-financial support: Examples include reagents or equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

1. Identifying Information Date: October 27, 2014 Name (include degree(s)): Filip K. Knop, MD PhD Primary Employer: Gentofte Hospital, University of Copenhagen Title of Project: The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials Are you the Principal Investigator (PI)? ☐Yes ⊠No If not, who is the PI? Heidi Storgaard Data Holder from which data are requested: Medtronic ☐Janssen / Johnson & Johnson 2. Financial Support for the Proposed Research Place a check in the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.). Government entity Detail: Commercial entity Detail: Private foundation Detail: Detail: Public Hospital Other Detail: 3. Intellectual Property Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? Yes (explain): ⊠No

4. Relevant Financial Activities Outside the Proposed Research

Check only the statement that applies:

 I (and/or my spouse or domestic partner) have no financial relationships to disclose. I (and/or my spouse or domestic partner) have a financial relationship or affiliation with the following commercial interest(s). Provide details in the table below.

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Name of Entity Grant? Fees? Support? Other? Comments, Detail	Name of Entity	O+0	Personal	Non- Financial	011 0	0
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Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?
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6. Signature Attesting to the Above
By signing below, you attest that the information provided above is correct.
Signature:

Please keep a copy of this document for your records.

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Non-financial support: Examples include reagents or equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

1. Identifying Information Date: 26, october 2014 Name (include degree(s)): Lise Lotte Gluud, Associate professor, MD, PhD Primary Employer: Hvidovre Hospital, University of Copenhagen, Denmark Title of Project: The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials Are you the Principal Investigator (PI)? ☐Yes ☒No If not, who is the PI? Heidi Storgaard Data Holder from which data are requested: Medtronic 2. Financial Support for the Proposed Research Place a check in the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.). Government entity Detail: Commercial entity Detail: Private foundation Detail: Detail: Public hospital Other Detail: 3. Intellectual Property Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? Yes (explain): ⊠No

4. Relevant Financial Activities Outside the Proposed Research

Check only the statement that applies:

 I (and/or my spouse or domestic partner) have no financial relationships to disclose. I (and/or my spouse or domestic partner) have a financial relationship or affiliation with the following commercial interest(s). Provide details in the table below.

The table asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of influencing, your proposed research.

Place a check in the appropriate boxes to indicate any financial or other relationships (regardless of amount of compensation). Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf during the 36 months prior to this disclosure. This should include all monies from sources with relevance to the proposed work. If there is a question, it is better to disclose a relationship than not to do so.

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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?
☐ Yes, the following relationships/conditions/circumstances are present (explain): ☐ No other relationships/conditions/circumstances exist that present a potential conflict of interest
On occasion, the YODA Project may ask for additional information about reported relationships.
6. Signature Attesting to the Above
By signing below, you attest that the information provided above is correct.
Signature:Date:

7. Definitions

Please keep a copy of this document for your records.

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

Grant: Monies 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, speaker bureaus, expert testimony, employment or other affiliations.

Non-financial support: Examples include reagents or equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

1. Identifying Information Date: 26. october 2014 Name (include degree(s)): Mikkel Christensen, MD, PhD Primary Employer: Copenhagen University Hospital Bispebjerg Title of Project: The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials Are you the Principal Investigator (PI)? ☐Yes ☒No If not, who is the PI? Heidi Storgaard Data Holder from which data are requested: Medtronic □ Janssen / Johnson & Johnson 2. Financial Support for the Proposed Research Place a check in the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.). Government entity Detail: Commercial entity Detail: Private foundation Detail: Academic institution Detail: Other Detail: 3. Intellectual Property

Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed

Yes (explain):

 \boxtimes No

research?

4. Relevant Financial Activities Outside the Proposed Research

 ✓ I (and/or my spouse or domestic partner) have no financial relationships to disclose. ✓ I (and/or my spouse or domestic partner) have a financial relationship or affiliation with the fall and or a special interest (a). 	Check only the statement that applies:
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The table asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of influencing, your proposed research.

Place a check in the appropriate boxes to indicate any financial or other relationships (regardless of amount of compensation). Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf during the 36 months prior to this disclosure. This should include all monies from sources with relevance to the proposed work. If there is a question, it is better to disclose a relationship than not to do so.

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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive give the appearance of potentially influencing, the research for whic form?	
☐ Yes, the following relationships/conditions/circumstances are pre ☐ No other relationships/conditions/circumstances exist that preser interest	
On occasion, the YODA Project may ask for additional information a	about reported relationships.
6. Signature Attesting to the Above	
By signing below, you attest that the information provided above is o	correct.
Signature:	27OCT2014 Date:
Print Name: Mikkel Christensen	

Please keep a copy of this document for your records.

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Non-financial support: Examples include reagents or equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

1. Identifying Information		
Date: 27/10 2014		
Name (include degree(s)): No Primary Employer: Copenha		
Title of Project: The effects type 2 diabetes: a systema	of sodium-glucose c tic review with meta	o-transporter 2 inhibitors in patients with -analysis of randomised trials
Are you the Principal Investige If not, who is the PI? Heidi S		No
Data Holder from which data	are requested:	☐Medtronic ☑Janssen / Johnson & Johnson
2. Financial Support for the	ne Proposed Researd	ch
institution will receive payme	nt or services at any i	e third party sources from which you or your time for any aspect of the proposed research ipt preparation, statistical analysis, etc.).
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☐Private foundation	Detail:	
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Other	Detail:	
3. Intellectual Property		
Do you have any patents, wh research? ☐Yes ☑No	nether planned, pendin (explain):	ng or issued, broadly relevant to the proposed

Check only the statement that applies:

I (and/or my spouse or domestic partner) have no financial relationships to disclose.

I (and/or my spouse or domestic partner) have a financial relationship or affiliation with the

4. Relevant Financial Activities Outside the Proposed Research

following commercial interest(s). Provide details in the table below.

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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?

☑ Yes, the following relationships/conditions/circumstances are present (explain): I hold a minor quantity of shares in the public danish company "Zealand Pharma". Zealand
Pharma has among it's products GLP-1 based diabetes medicine.
☐ No other relationships/conditions/circumstances exist that present a potential conflict of
interest

On occasion, the YODA Project may ask for additional information about reported relationships.

6. Signature Attesting to the Above

By signing below, you attest that the information provided above is correct.

Print Name: Magnus Frederik Groendahl

Please keep a copy of this document for your records.

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1. Identifying Information Date: 26, october 2014 Name (include degree(s)): Professor Tina Vilsbøll, MD DMSc Primary Employer: Gentofte Hospital, University of Copenhagen, Denmark Title of Project: The effects of sodium-glucose co-transporter 2 inhibitors in patients with type 2 diabetes: a systematic review with meta-analysis of randomised trials Are you the Principal Investigator (PI)? ☐Yes ☒No If not, who is the PI? Heidi Storgaard Data Holder from which data are requested: Medtronic □ Janssen / Johnson & Johnson 2. Financial Support for the Proposed Research Place a check in the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.). Government entity Detail: Commercial entity Detail: Private foundation Detail: Detail: Other Detail: 3. Intellectual Property Do you have any patents, whether planned, pending or issued, broadly relevant to the proposed research? Yes (explain): \boxtimes No

4. Relevant Financial Activities Outside the Proposed Research

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Name of Entity	Grant?	Personal Fees?	Non- Financial Support?	Other?	Comments, Detail
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5. Relationships Not Covered Above

Are there other relationships or activities that others could perceive to have influenced, or that give the appearance of potentially influencing, the research for which you are submitting this form?
 ☐ Yes, the following relationships/conditions/circumstances are present (<i>explain</i>): ☐ No other relationships/conditions/circumstances exist that present a potential conflict of interest
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6. Signature Attesting to the Above
By signing below, you attest that the information provided above is correct.
Signature:
Filit Name. Tha Visbon
Please keep a copy of this document for your records.

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