



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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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) Vincenza	2. Surname (Last Name) Cifarelli	3. Date 18-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Samuel Klein
5. Manuscript Title Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity		
6. Manuscript Identifying Number (if you know it) 141828-JCI-CMED-RV-2		

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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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cifarelli has nothing to disclose.

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1. Given Name (First Name) Scott	2. Surname (Last Name) Beeman	3. Date 18-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Samuel Klein
5. Manuscript Title Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity		
6. Manuscript Identifying Number (if you know it) 141828-JCI-CMED-RV-2		

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Dr. Beeman has nothing to disclose.

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1. Given Name (First Name) Gordon	2. Surname (Last Name) Smith	3. Date 18-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Samuel Klein
5. Manuscript Title Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity		
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Dr. Smith has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jun

2. Surname (Last Name)
Yoshino

3. Date
18-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Samuel Klein

5. Manuscript Title
Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Darya

2. Surname (Last Name)
Morozov

3. Date
18-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Samuel Klein

5. Manuscript Title
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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)
Joseph

2. Surname (Last Name)
Beals

3. Date
18-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Samuel Klein

5. Manuscript Title

Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity

6. Manuscript Identifying Number (if you know it)

141828-JCI-CMED-RV-2

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

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

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

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Section 6. Disclosure Statement

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Dr. Beals 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) Brandon	2. Surname (Last Name) Kayser	3. Date 18-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samuel Klein
5. Manuscript Title Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity		
6. Manuscript Identifying Number (if you know it) 141828-JCI-CMED-RV-2		

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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

ADD

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

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Dr. Kayser 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) Jeramie	2. Surname (Last Name) Watrous	3. Date 18-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Samuel Klein
5. Manuscript Title Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity		
6. Manuscript Identifying Number (if you know it) 141828-JCI-CMED-RV-2		

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

ADD

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mohit	2. Surname (Last Name) Jain	3. Date 18-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samuel Klein
5. Manuscript Title Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity		
6. Manuscript Identifying Number (if you know it) 141828-JCI-CMED-RV-2		

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Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bruce	2. Surname (Last Name) Patterson	3. Date 18-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Samuel Klein
5. Manuscript Title Decreased adipose tissue oxygenation associates with insulin resistance in people with obesity		
6. Manuscript Identifying Number (if you know it) 141828-JCI-CMED-RV-2		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Samuel 2. Surname (Last Name) Klein 3. Date 18-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Janssen Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
Merck Sharp & Dohme Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
Aspire Bariatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shareholder	×
Altimmune	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×

ADD



ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Klein reports grants from Janssen Pharmaceuticals, personal fees from Pfizer, personal fees from Merck Sharp & Dohme Corp, other from Aspire Bariatrics, outside the submitted work.

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