

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Shiqi Zhong

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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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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.

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Raphael Chevre

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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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: 10/5/2022

Your Name: David Castano Mayan

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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: 6/20/2022

Your Name: Maria Corliano

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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Date: 5/9/2022

Your Name: Blake J Cochran

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Kai Ping Sem 

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1262 954 1362"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1507 579"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 688 1507 791"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Theo H. van Dijk

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Jianhe Peng

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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Date: 5/9/2022

Your Name: Tan Liang Jun

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Siddesh V Hartimath

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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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	Click the tab key to add additional rows.								
Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						

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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 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 checked="" type="checkbox"/> None	
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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.



(Siddesh V Hartimath)

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Boominathan Ramasamy

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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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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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1528 365"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1528 583"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 695 1528 800"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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(Boominathan Ramasamy)
09/05/2022

ICMJE DISCLOSURE FORM

Date: 11/5/2022

Your Name: CHENG LEE PING, PETER

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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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.



CHENG LEE PING, PETER

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Albert K Groen

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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: 5/9/2022

Your Name: Folkert Kuipers

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member SAB Kogod Center for Aging Research, Mayo Clinic, Rochester NY	
		Member International Advisory Board <i>Interdisciplinary Research Center on Longevity</i> , Institut Pasteur de Lille, Lille, France	
		Member International Advisory Board, Multidisciplinary Institute for Ageing (MIA), University of Coimbra, Coimbra, Portugal	

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Julian L Goggi

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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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.



09/05/22

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Chester Drum

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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: 5/9/2022

Your Name: [Rob M. van Dam]

Manuscript Title: [Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans]

Manuscript Number (if known): 152961-JCI-RG-1

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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Rob M. van Dam, Ph.D. May 9, 2022

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Ru San TAN

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Kerry-Anne Rye

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Michael Hayden

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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.

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		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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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.

ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Ching-Yu Cheng

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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: 5/9/2022

Your Name: Shaji K Chacko

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Jason Flannick

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Xueling Sim

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Hong Chang, Tan

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Roshni R. Singaraja

Manuscript Title: Haploinsufficiency for CYP8B1 associates with increased insulin sensitivity in humans

Manuscript Number (if known): 152961-JCI-RG-1

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