DUALITY OF INTEREST DISCLOSURE FORM FOR AUTHORS OF ARTICLES IN AMERICAN DIABETES ASSOCIATION PUBLICATIONS

I have read the American Diabetes Association's Duality of Interest Policy Statement (found in the January and July issues of *Diabetes* and *Diabetes Care*), and I am indicating below that I have or have not had in the previous 12 months a relevant duality of interest with a company whose products or services are *directly* related to the subject matter of my manuscript. A relevant duality of interest includes employment, membership on the board of directors or any fiduciary relationship, membership on a scientific advisory panel or other standing scientific/medical committee, ownership of stock, receipt of honoraria or consulting fees, or receipt of financial support or grants for research. Company is defined as a for-profit concern engaged in the development, manufacture, or sale of pharmaceutical or biomedical devices or supplies.

Each author must sign this form. (The form may be photocopied if needed.)

Check each area that applies								
	Yes	No	Yes	No	Yes	No		
Employment								
Membership on an advisory panel, standing committee or board of directors								
Stock shareholder Honoraria or consulting fees								
Grant/research support								
Author (please type or print)	-							
Signature								
Date								

For each item checked "yes," please list on a separate sheet of paper the third-party organization with whom you have relevant affiliations or interests. Please provide sufficient information to enable the American Diabetes Association to make an informed decision. Include 1) the nature of the activity that is a relevant duality, 2) the type of financial arrangement, if any, between you and the third party, and 3) a description of the business or purpose of the third party. Please see the following sample disclosures.

SAMPLE DISCLOSURES FOR AUTHORS

Employment

I am employed by Exacta Pharmaceutical Company (6250 Longwood Avenue, Any City, Missouri). My employer manufactures and markets pharmaceuticals related to the treatment of diabetes and its complications.

Board Membership

I am on the board of directors of the Exacta Pharmaceutical Company, a manufacturer of pharmaceuticals related to the treatment of diabetes.

Stock Shareholder

I, or my immediate family, hold stock in the following companies that make products related to the treatment or management of diabetes and its complications:

XYZ Corporation LMN Corporation

Honoraria or Consulting Fees

I have received honoraria for speaking engagements from the following:

XYZ Corporation LMN Corporation

I am a paid consultant of the XYZ Corporation.

Grants

The XYZ Corporation is providing funds to my laboratory in order to conduct studies on a new drug to treat diabetic neuropathy.

By answering "yes" in any category, the Association will disclose the relevant duality of interest. The Association will make the disclosure by placing an asterisk by the author's name, and in a footnote describe the nature of the duality of interest, e.g., stock ownership or grant support, and the third party involved.

This form must be returned with your submission. Make additional copies as needed for all authors. Failure to complete the disclosure may delay or prevent publication of your article.

COPYRIGHT TRANSFER AND STATEMENT OF ORIGINALITY

We approve the submission of this paper to the American Diabetes Association for publication and have taken due care to ensure the integrity of this work. We confirm that neither the manuscript nor any part of it has been published or is under consideration for publication elsewhere (abstracts excluded). Any reference to or use of previously published material protected by copyright is explicitly acknowledged in the manuscript.

If this work was produced by an employee of the United States Government as part of his/her official duties, no copyright exists and therefore cannot be transferred. Any co-authors **not** employed by the federal government must sign the copyright transfer agreement.

If this work was produced for an employer as a "work made for hire," an authorized representative of that employer must sign on the appropriate line below.

The undersigned hereby assign of	copyright for the manuscript entitled
to the American Diabetes Associations of necessary; all authorized authorized to the American Diabetes Association of the American Diabetes Diabet	ciation upon its acceptance for publication (attach an additional page for ors must sign):
(Author)	(Author)
(Author)	(Author)
(Author)	(Author)
	ork for hire;" as an authorized agent of the employer, I transfer copyright to ion (no patent rights are transferred):
Agent	Title
This work was produced on beh	nalf of the United States Government and therefore no copyright exists.
(Author)	(Author)
(Author)	(Author)

Take this diabetes deficiency test

	Yes	No
1. Have patients with insulin-dependent or non-insulin-dependent diabetes mellitus been shown to be magnesium deficient?		
2. Can glycosuria and/or diuretic use cause magnesium deficiency in patients with diabetes?		
3. Do standard diabetes nutritional guidelines ensure adequate dietary intake of magnesium?		
4. Do I have to worry about overdosing with magnesium supplements in patients with normal renal function?		
5. Is there a magnesium salt of choice for patients with diabetes?		

Read the accompanying text for the answers to this test.

Magnesium deficiency-a common problem for patients with diabetes

- Significantly reduced plasma and intracellular magnesium concentrations often observed in both patients with insulindependent and those with non-insulin-dependent diabetes mellitus compared with nondiabetic controls'
- U.S. RDA for Mg intake (~280-350 mg) not met in 80% of NIDDM patients following standard diabetes nutritional guidelines8
- Can be compounded by diuretic use and glycosuria 1,9

Magnesium chloride -the recommended magnesium salt

- Recommended by an ADA-sponsored consensus panel to reverse Mg deficiency in high-risk patients with documented
- Highly soluble¹⁰—provides free Mg ions for maximal absorption¹¹

■ Efficiently excreted in urine, unless impaired renal function is present 12

SLOW-MAG®-the most widely recommended magnesium supplement

- Two tablets provide 32% of the U.S. RDA
- Unique formulation promotes rapid, efficient absorption
- Enteric coating minimizes stomach upset, ensuring excellent tolerability
- Available without a prescription at pharmacies



(magnesium chloride)

Efficient replenishment for magnesium deficiency

1. Mather HIM, Nibet JA, Burton GH, et al. Hypomagnesaemia in diabetes. Clinica Chimica Acta. 1979;95:235-242. 2. Levin GE, Mather HIM, Pilkington TRE. Tissue magnesium status in diabetes mellitus. Diobetologia. 1981;21:131-134. 3. Sjögren A, Florén C-H, Nilsson A. Magnesium deficiency in IDDM related to level of glycosylated hemoglobin. Diobetes. 1986;35:459-463. 4. McNair P, Christiansen C, Madsbad S, et al. Hypomagnesemia, a risk factor in diabete retinopathy. Diobetes. 1978;27:1075-1077. 5. Sjögren A, Florén C-H, Nilsson A. Magnesium, potassium and zinc deficiency in subjects with Type II diabetes mellitus. Acta Med Scand. 1988;224:461-465. 6. Resnick LM, Altura BT, Gupta RK, et al. Intracellular and extracellular magnesium depletion in Type 2 (non-insulin-dependent) diabetes mellitus. Diobetologia. 1993;36:767-770. 7. Resnick LM, Gupta RK, Bhargava KK, et al. Cellular ions in hypertension, diabetes, and obessity: a nuclear magnetic resonance spectroscopic subjects. Goran. Diobetes. Association. Magnesium supplementation in the treatment of diabetes. Diobetes Goran. 4. ed. Lorge's Handbook of Chemistry. 13th ed. New York, NY: McGraw-Hill Book Co; 1985:4-71 to 4-74. 11. Classen H-G. Magnesium applementation in humals and man: aspects in view of intestinal absorption. Magnesium. 1984;3:257-264. 12. Statopolski E, Klahr S. Disorders of calcium, magnesium and phosphorous metabolism. In: Schnier RW. Gottschalk CW. eds. Diseases of the Kidney. Boston, Mass: Little Brown & Co; 1988;2902-2920.

SEARLE Box 5110 Chicago, IL 60680-5110



OF THOSE WHO TOOK SIDES IN THE LARGEST NATIONWIDE STUDY OF ITS KIND...

OVER 75% BECAME NEW FANS

Let's face it, nobody's a big fan of testing blood glucose levels. But the ACCU-CHEK® ADVANTAGE™ System may just change the way your patients feel about testing.

More than 3000 people with diabetes participated in the *National Preference*[™] *Trial*, ¹ a study designed to compare the performance and features of the ACCU-CHEK® ADVANTAGE™ System with over 15 different monitors. For people who expressed a preference, it won dramatically—76%

preferred the ACCU-CHEK® ADVANTAGE™ System over their own monitor. A monitor

patients like more may become one they'll use more. And according to the Diabetes Control and Complications Trial (DCCT), that could help reduce their risk of complications.

The ACCU-CHEK® ADVANTAGE™ System. It's another example of how ACCU-CHEK® Systems are designed to

meet the individual needs of your patients.

Reference: 1. Korte JJ, Cooper Research, Inc, Cincinnati, Ohio. The National Preference Trial: A study of patient preferences among blood glucose monitors. August 1994. Data on file, Boehringer Mannheim Corporation ©1994 Boehringer Mannheim Corporation. All rights reserved.

Accu-Chek® BLOOD GLUCOSE MONITORING SYSTEMS

What it takes to take control



A choice for different needs