

ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Dulce Nascimento do Ó

Manuscript Title: Interpersonal relationships around diabetes: collating views and experience of people with diabetes, informal carers, and healthcare professionals in Portugal

Manuscript Number (if known): 16817

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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15/12/2021

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Date: 12/15/2021

Your Name: Lurdes Serrabulho

Manuscript Title: Interpersonal relationships around diabetes: collating views and experience of people with diabetes, informal carers, and healthcare professionals in Portugal

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WALTER SCARBOROUGH
15/12/2021

ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Sónia Silva

Manuscript Title: Interpersonal relationships around diabetes: collating views and experience of people with diabetes, informal carers, and healthcare professionals in Portugal

Manuscript Number (if known): 16817

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Joimz Mayquide J Stn

ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Ana Lucia Covinhas

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Archie Cain

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Date: 12/15/2021

Your Name: Maria João Afonso

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Date: 12/15/2021

Your Name: Rogério Tavares Ribeiro

Manuscript Title: Interpersonal relationships around diabetes: collating views and experience of people with diabetes, informal carers, and healthcare professionals in Portugal

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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.

 16/12/2021

ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: João Filipe Raposo

Manuscript Title: Interpersonal relationships around diabetes: collating views and experience of people with diabetes, informal carers, and healthcare professionals in Portugal

Manuscript Number (if known): 16817

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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		ABBOTT	
		ASTRA-ZEDELGA	
		BOEHLINGER-INGHELM	
		NOV-NORDISK	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: José Manuel Boavida

Manuscript Title: Interpersonal relationships around diabetes: collating views and experience of people with diabetes, informal carers, and healthcare professionals in Portugal

Manuscript Number (if known): 16817

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