Date:			7/17/2023		
Your Name:		,	lbiyemi llesanmi		
Manuscript Title:			Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT		
Mai	nuscript Number (if I	known):	n/a		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic		ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			I entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, modical writing	[⊠] No	Time frame: Since the initial planning one	Of the work Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision	[⊠] No			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[⊠] No		Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None			
13	Other financial or non-financial interests	None None			
Plea [⊠]	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.				

Date:			7/17/2023		
Your Name:			Krishna Moorthy		
Manuscript Title:			Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT		
Mar	nuscript Number (if k	nown):	n/a		
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ipt. "Rela of the ma e in doub os/activitionsion, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			I entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			The Court Chart He helded along to a	-641	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] N (nme frame: Since the initial planning	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None			
13	Other financial or non-financial interests	None None			
Plea [⊠]	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.				

Date:	7/16/2022
Your Name:	Harvinder Chahal
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT
Manuscript Number (if known):	Click or tap here to enter text.

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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None Time frame, past 26 month	Click the tab key to add additional rows.
		[]	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Plea	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.				

Date:	6/26/2023	
Your Name:	Lara Jimenez-Pacheco	
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT	
Manuscript Number (if known):	Click or tap here to enter text.	

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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			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None Time frame, past 26 month	Click the tab key to add additional rows.
		[]	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None None		
Plea [⊠]	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.			

Date:	6/26/2023
Your Name:	Alexander miras
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT
Manuscript Number (if known):	Click or tap here to enter text.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None FRACTYL NOVO NORDISK RANDOX	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	LILLY, NOVO NORDISK, ASTRA ZENECA, CURRAX, JOHNSON AND JOHNSON	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None BEYONDBMI		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	⊠ None		
Plea	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.			

Date:		3/15/2024	3/15/2024		
Your Name:		Steve Robert Bloom	Steve Robert Bloom		
Manuscript Title:		Long limb compared with Standard Limb R obesity: 60-month follow-up of an RCT	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of an RCT		
Mar	nuscript Number (if k	nown): N/A			
content of your manuscript. "Rela affected by the content of the ma		rency, we ask you to disclose all relationships/activiti ipt. "Related" means any relation with for-profit or n of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epic	lemiology of hyperter	os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu entioned in the manuscript.			
	em #1 below, report and for disclosure is the	all support for the work reported in this manuscript v e past 36 months.	vithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	UK NIHR Efficacy and Mechanism Evaluation Scheme	Payments made to institution Click the tab key to add additional rows.		
		Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			
3	Royalties or licenses	None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Zihipp Ltd.	Consultation Fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Zihipp Ltd.	Shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Plea [⊠]	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.		

Date:			7/20/2023		
Your Name:			Sanjay Purkayastha		
Manuscript Title:			Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of an RCT		
Ma	nuscript Number (if k	nown):	N/A		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the man		ipt. "Rela of the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, yoເ	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	tem #1 below, report the for disclosure is the		·	ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			·		
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: Since the initial planning	of the work Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: past 36 month	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	6/26/2023	
Your Name:	Ahmed R Ahmed	
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT	
Manuscript Number (if known):	Click or tap here to enter text.	
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.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIHR EME grant Chief Investigator for EMBIO trial	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None None	
Plea [⊠]	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.		

Date:	6/26/2023
Your Name:	Anna Kamocka
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None None	
Plea [⊠]	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.		

Date:	6/26/2023
Your Name:	Joanna Tan
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT
Manuscript Number (if known):	Click or tap here to enter text.

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	Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None None	
Plea [⊠]	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.		

Date:			6/26/2023		
Your Name:			Kleopatra Alexiadou		
Manuscript Title:			Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT		
Manuscript Number (if known):		nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma			re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so.		
			es/interests should be defined broadly. For example, if your manuscript pertains to the should declare all relationships with manufacturers of antihypertensive medication, even if n the manuscript.		
In item #1 below, report all support for frame for disclosure is the past 36 mo				ithout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR A	cademic Clinical Lectureship y for Endocrinology Early Career Grant	Aug 2019- present June 2021	
3	Royalties or licenses	⊠ N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None 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.			

Date:	6/27/2023	
Your Name:	A. Margot Umpleby	
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT	
Manuscript Number (if known):	Click or tap here to enter text.	

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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.			

Date:	6/26/2023
Your Name:	Tina Mazaheri
Manuscript Title:	Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT
Manuscript Number (if known):	Click or tap here to enter text.

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.

ľ		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:		7/17/2023	
Your Name:		Saleem Ansari	
Manuscript Title:		Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT	
Mar	nuscript Number (if k	nown): n/a	
con affe	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.		
epic	demiology of hyperte	s/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned 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.		
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Click the tab key to add additional rows.	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None None	
Plea [⊠]	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.		

Date:			6/26/2023		
Your Name:			FRANCESCO RUBINO		
Manuscript Title:			Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of a RCT		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Re affected by the content of the m		ipt. "Rela of the ma e in doub	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic		nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from	[□] N	one		
	any entity (if not indicated in item #1 above).				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees		To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ethicon Endosurgery Medtronic Novo Nordisk	To me To me To me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	GT Metabolic Solutions	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	President, Metabolic Health Institute (non profit)	unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Shareholder in Metabolic Health International Ltd and London Metabolic and Bariatric Surgery Ltd	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
Plea	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.		rding of any of the questions on this form.

Date:		7/16/2023			
Your Name: Manuscript Title:		Tricia Tan	Tricia Tan Long limb compared with Standard Limb Roux-en-Y gastric bypass for type 2 diabetes and obesity: 60-month follow-up of an RCT		
Mar	nuscript Number (if k	known): N/A			
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ript. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript vale past 36 months.	vithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ None UK NIHR Efficacy and Mechanism Evaluation Scheme	Payments made to institution Click the tab key to add additional rows.		
		Time frame: past 36 mont	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None UK National Institute for Health Research Novo Nordisk UK Research Foundation Diabetes UK Leadiant Pharmaceuticals	Project Grant, Clinical Training Fellowships Clinical Training Fellowship Project Grant Investigator-Initiated Project Grant		
3	Royalties or licenses	None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	[□] None	
		Zihipp Ltd.	Consultation Fees
5	Payment or honoraria for	[□] None	
	lectures, presentations,	American Diabetes Association	Honorarium for speaking at Scientific Sessions
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
	эл р өл с сөөсин өл у		
7	Support for attending	[□] None	
	meetings and/or travel	American Diabetes Association	Travel expenses for speaking at Scientific Sessions
8	Patents planned, issued or	□ None	
	pending		
9	Participation on a Data Safety	[□] None	
	Monitoring Board or	University of Leicester	STRIVE trial chair of Trial Steering Committee
10	Advisory Board	None	
10	Leadership or fiduciary role in other board,	Novo Nordisk UK Research Foundation	Research Grant Committee member (unpaid)
	society, committee or	Society for Endocrinology	Metabolic and Obesity Network Convenor (unpaid)
	advocacy group, paid or unpaid		(

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Zihipp Ltd.	Shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	⊠ 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.			