ICMJE DISCLOSURE FORM

Date: 1/19/2022
Your Name: Aaron Stubbs
Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia
Manuscript Number (if known): ACROR-21-159.R1

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) |
|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| #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                                                                           |
| #2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None                                                                           |
| #3 | Royalties or licenses                                                                 | ☒ None                                                                           |

Time frame: Since the initial planning of the work

Click the tab key to add additional rows.

Time frame: past 36 months

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|   | 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                                                                           |
|   |                                                                                                 |                                                                                   |
| 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                                                                           |
|   |                                                                                                 |                                                                                   |
|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                                                                         |
|   | |                                                                                               |

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ICMJE DISCLOSURE FORM

Date: 1/17/2022

Your Name: Steve Harte

Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia

Manuscript Number (if known): ACROR-21-159.R1

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| | | 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 |
| | NIH |
| | Arbor Medical Innovations, LLC |
| | Aptinyx |
| 3 | Royalties or licenses | ☒ None |
| | Arbor Medical Innovations, LLC |
|   | 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 |
|   | Aptinyx | Heron Therapeutics, Inc. |
|   | Eli Lilly | |
|   | University of North Carolina – Chapel Hill | |
|   | Memorial Sloan Kettering Cancer Center | |
| 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 |
|   | EP2482716 | |
| 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 |
|   | Madonna University, Board of Trustees | |
|   | 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                                                                                 |
|    | | Sana                                                                                     |
|    | |                                                                                           |
| 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: 1/19/2022

Your Name: Dan Clauw

Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia

Manuscript Number (if known): ACROR-21-159.R1

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| 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                                                                            |
|   |                                                                                                 |                                                                                  |
| 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                                                                            |
|   |                                                                                                 |                                                                                  |
| 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.
ICMJE DISCLOSURE FORM

Date: 1/19/2022

Your Name: David Williams

Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia

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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|---|---|---|
| **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. |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | | 
| | | 
| **3** | Royalties or licenses | ☒ None |
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Time frame: 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) |
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| 4 | Consulting fees | ☒ 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 |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
|   | Stock or stock options | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|-------------------------------------------------------------------------------------|
| 11 | ☒ None                 |                                                                                     |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 12 | ☒ None                                                                          |                                                                                     |

|   | Other financial or non-financial interests | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------|-------------------------------------------------------------------------------------|
| 13 | ☒ None                                   |                                                                                     |

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Date: 1/17/2022

Your Name: Jenna McAfee

Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia"

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|  | | |
| **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 |
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|   | 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 |
| 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 |
| 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                                               |                                                                                 |

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# ICMJE DISCLOSURE FORM

**Date:** 1/19/2022

**Your Name:** Nicole Miller

**Manuscript Title:** Early relationships of a low-energy diet on symptoms of fibromyalgia

**Manuscript Number (if known):**

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| **1** | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**<br>No time limit for this item. | ☒ None |
| | | <br>None | 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                                                                           |
| 5 | Payment or honoraria for lectures, presentations, | ☒ None                                                                           |
|   | speakers bureaus, manuscript writing or educational events |                                                                                   |
| 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                                                                           |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
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| 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 |

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ICMJE DISCLOSURE FORM

Date: 1/12/2022

Your Name: Megan Brown

Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia

Manuscript Number (if known): ACROR-21-159.R1

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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 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 |
|   | [ ] | |
| 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 |
|   | [ ] | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
|   | [ ] | |
|   | Stock or stock options | None |
|---|------------------------|------|
| Stock or stock options | None |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|---|---------------------------------------------------------------|------|
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |

|   | Other financial or non-financial interests | None |
|---|-------------------------------------------|------|
| Other financial or non-financial interests | 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.
ICMJE DISCLOSURE FORM

Date: 1/13/2022

Your Name: Catherine Nay

Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia

Manuscript Number (if known): Click or tap here to enter text.

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| 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) |
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| 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 |
| 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 \(\square\) **None** \(\square\)                                                                                     |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services \(\square\) **None** \(\square\) |
| 13 | Other financial or non-financial interests \(\square\) **None** \(\square\)                                                             |

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\(\square\) 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: 1/12/2022

Your Name: Amy E Rothberg

Manuscript Title: Early relationships of a low-energy diet on symptoms of fibromyalgia

Manuscript Number (if known): ACROR-21-159.R1

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| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | None |
| | | Click the tab key to add additional rows. |

| Time frame: 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) |
|----------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | University of MI (PI on a grant) |
| | NIH/NIDDK | |
| | NIH/NICHD | University of MI (PI on a grant) |
| | REWIND, Inc. | University of MI (PI on a 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                                                                              |
|    | REWIND, Inc. Payments made to me via the University of MI                                        |                                                                                     |
| 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                                                                              |
| 10 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | ☐ None                                                                              |
|    | Nestle Scientific Advisory Board (payment made to me)                                             |                                                                                     |
|    | Nestle Speaker (payment to me)                                                                    |                                                                                     |
|   | 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) |
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Date: 1/17/2020

Your Name: Andrew Schrepf

Manuscript Title: "Early relationships of a low-energy diet on symptoms of fibromyalgia"

Manuscript Number (if known): ACROR-21-159.R1

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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|   |                                                                                         |                                                                                     |
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