ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Emily
2. Surname (Last Name)  
   McClure
3. Date  
   13-November-2015
4. Are you the corresponding author?  
   ✔ No
5. Corresponding Author’s Name  
   Valerie Hoffman

5. Manuscript Title  
   Screening for Child and Adolescent Major Depressive Disorder: A Systematic Review to Update the U.S. Preventive Services Task Force
6. Manuscript Identifying Number (if you know it)  
   M15-2259

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ✔ No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
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Section 5. Relationships not covered above

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. McClure has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eliana
2. Surname (Last Name) Perrin
3. Date 13-November-2015
4. Are you the corresponding author? Yes  ✔ No
5. Manuscript Title Screening for Child and Adolescent Major Depressive Disorder: A Systematic Review to Update the U.S. Preventive Services Task Force
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes  ✔ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>Agency for Healthcare Research and Quality (AHRQ)</td>
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<td>✔</td>
<td>✔</td>
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<td>AHRQ supported the development of the report and manuscript through a federal contract with my university</td>
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Dr. Perrin reports other from Agency for Healthcare Research and Quality (AHRQ), during the conduct of the study;

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Valerei

2. Surname (Last Name)  
   Hoffman

3. Date  
   13-November-2015

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
   Screening for Child and Adolescent Major Depressive Disorder: A Systematic Review to Update the U.S. Preventive Services Task Force

6. Manuscript Identifying Number (if you know it)  
   M15-2259

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Are there any relevant conflicts of interest?  

✔ Yes  
☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<tr>
<td>AHRQ</td>
<td>☐</td>
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<td>☐</td>
<td>AHRQ supported the development of the report and manuscript through a federal contract.</td>
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</table>

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Are there any relevant conflicts of interest?  

✔ Yes  
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>AHRQ</td>
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<td>☐</td>
<td>☐</td>
<td>☑</td>
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- [x] No

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Dr. Hoffman reports other from AHRQ, outside the submitted work.

### Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Wood

3. Date  
   13-November-2015

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

   Corresponding Author’s Name  
   Valerie Hoffman

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Meera

2. Surname (Last Name)  
   Viswanathan

3. Date  
   13-November-2015

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ Yes  
☐ No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Dr. Viswanathan reports other funding (a contract) from the United States Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ), during the conduct of the study.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Joni

2. **Surname (Last Name)**
   - McKeeman

3. **Date**
   - 13-November-2015

4. Are you the corresponding author? [ ] Yes [ ] No

5. **Manuscript Title**
   - Screening for Child and Adolescent Major Depressive Disorder: A Systematic Review to Update the U.S. Preventive Services Task Force

6. **Manuscript Identifying Number (if you know it)**
   - M15-2259

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? [ ] Yes [ ] No

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- **Other:** Anything not covered under the previous three boxes

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Section 1. Identifying Information

1. Given Name (First Name) Jennifer
2. Surname (Last Name) Middleton
3. Date 13-November-2015
4. Are you the corresponding author? ☐ Yes ☑ No
5. Manuscript Title Screening for Child and Adolescent Major Depressive Disorder: A Systematic Review to Update the U.S. Preventive Services Task Force
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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Middleton has nothing to disclose.

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1. Given Name (First Name)  
   Asheley  

2. Surname (Last Name)  
   Skinner  

3. Date  
   13-November-2015  

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If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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