

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Hess

3. Date
06-July-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Laura Gitlin

5. Manuscript Title

A Home-based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: The Beat the Blues Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Walter	2. Surname (Last Name) Hauck	3. Date 17-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Gitlin
5. Manuscript Title A Home-based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: A Randomized Controlled Trial		
6. Manuscript Identifying Number (if you know it) M12-2550		

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Dr. Hauck has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Jutkowitz

3. Date
20-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Laura Gitlin

5. Manuscript Title

A Home-based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: The Beat the Blues Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Clinicaltrials.gov Identifier: NCT00511680

Research reported was supported by funds from the National Institute of Mental Health Grants # RO1 MH079814, R24 MH074779 and RC1MH090770.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lynn

2. Surname (Last Name)
Fields Harris

3. Date
21-June-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title

A Home-based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: The Beat the Blues Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

M12-2550

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Lynn Fields Harris has nothing to disclose.

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1. Given Name (First Name) Laura	2. Surname (Last Name) Pizzi	3. Date 17-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Gitlin, PhD
5. Manuscript Title A Home-based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: The Beat the Blues Randomized Controlled Trial		
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes for Mental Health (NIMH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Numbers: RO1 MH 079814, R24 MH074779 and RC1MH090770

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Dr. Pizzi reports grants from National Institutes for Mental Health (NIMH), during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Nancy	2. Surname (Last Name) Chernett	3. Date 18-June-2013
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura N. Gitlin
5. Manuscript Title A Home-based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: The Beat the Blues Randomized Controlled Trial"		
6. Manuscript Identifying Number (if you know it) M12-2550		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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1. Given Name (First Name)

Laura

2. Surname (Last Name)

Gitlin

3. Date

18-June-2013

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A Home-Based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: A Randomized Trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Megan

2. Surname (Last Name)
McCoy

3. Date
19-June-2013

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Laura Gitlin

5. Manuscript Title
A Home-based Intervention to Reduce Depressive Symptoms and Improve Quality of Life in Older African Americans: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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