

#### **Instructions**

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**Royalties:** Funds are coming in to you or your institution due to your patent

Patnode 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Carrie		2. Surname (Last Na Patnode	me)		3. Date 11-February	<i>y</i> -2014
4. Are you the cor	responding author?	✓ Yes No				
and Adolescents	e navioral Interventions to s: A Systematic Evidence ntifying Number (if you kn	Review for the U.S.	-			cal Use in Children
Section 2.						
	The Work Under Co					
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Name of Institut	ion/Company	Grant? Persona	Non-Financial Support?	Other?	Comments	
Agency for Healthcar	e Research and Quality	<b>✓</b>			Contract work throu support the USPSTF	gh AHRQ to
Section 3.	Relevant financial	activities outside	the submitted	work.		
of compensation clicking the "Add	the appropriate boxes in  i) with entities as descri  i +" box. You should rep	bed in the instruction ort relationships th	ons. Use one line fo at were <b>present d</b>	or each er	ntity; add as many l	ines as you need by
Are there any rel	evant conflicts of intere	est?Yes _✓	No			
Section 4.	Intellectual Proper	ty Patents & Co	pyrights			
Do you have any	patents, whether planr	ned, pending or issu	ed, broadly releva	ant to the	work? Yes	✓ No

Patnode 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Cartina	
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Patnode repo	orts grants from Agency for Healthcare Research and Quality, during the conduct of the study.

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Patnode 3



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Perdue 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Leslie	2. Surname (Last Name) Perdue		3. Date 11-February-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name
<ol> <li>Manuscript Title</li> <li>Primary Care Behavioral Interventions to and Adolescents: A Systematic Evidence</li> <li>Manuscript Identifying Number (if you kn M13-2064</li> </ol>	Review for the U.S. Preve	9	
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ve payment or services from but not limited to grants, da st?	a third party (governm ta monitoring board, st	ent, commercial, private foundation, etc.) for sudy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Agency for Healthcare Quality and Research	✓		Contract work through AHRQ to support the USPSTF
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that wer	e one line for each e	ntity; add as many lines as you need by
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Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Perdue 2



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potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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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.
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Ms. Perdue reports grants from the Agency for Healthcare Quality and Research, during the conduct of the study.

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Whitlock 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Evelyn	2. Surname (Last Name) Whitlock	3. Date 11-February-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Carrie D. Patnode, PhD, MPH
5. Manuscript Title Primary Care Behavioral Interventions and Adolescents: A Systematic Evider		Drug Use and Nonmedical Pharmaceutical Use in Children ntive Services Task Force
6. Manuscript Identifying Number (if you M13-2064	know it)	
Section 2. The Work Under	Consideration for Public	ation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	al activities outside the s	ubmitted work.
of compensation) with entities as desc	cribed in the instructions. Us eport relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Prop	erty Patents & Copyrig	hts
Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

Whitlock 2



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O'Connor 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Elizabeth	2. Surname (Last Name) O'Connor		3. Date 12-February-2014	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Carrie Patnode		
<ol> <li>Manuscript Title</li> <li>Primary Care Behavioral Interventions to and Adolescents: A Systematic Evidence</li> <li>Manuscript Identifying Number (if you kn M13-2064</li> </ol>	Review for the U.S. Preve	9		
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Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments	
Agency for Healthcare Quality and Research	<b>✓</b>		Contract work through AHRQ to support the USPSTF	
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O'Connor 2



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Dr. O'Connor report	s grants from Agency for Healthcare Quality and Research, during the conduct of the study; .

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Burda 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Brittany U.	2. Surname (Last Name) Burda		3. Date 11-February-2014	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Carrie D. Patnode		
<ol> <li>Manuscript Title</li> <li>Primary Care Behavioral Interventions to and Adolescents: A Systematic Evidence</li> <li>Manuscript Identifying Number (if you kn M13-2064</li> </ol>	Review for the U.S. Preve			
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#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

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

## 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

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Inform	ation			
1. Given Name (First Name) Maya	2. Surname (Last Name) Rowland		3. Date 11-February-2014	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Carrie Patnode		
<ol> <li>Manuscript Title</li> <li>Primary Care Behavioral Interventions to and Adolescents: A Systematic Evidence</li> <li>Manuscript Identifying Number (if you kn M13-2064</li> </ol>	Review for the U.S. Preve	9		
Section 2. The Work Under Co	onsideration for Public	cation		
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da st?  Yes  No rmation below. If you hav	ta monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, tity press the "ADD" button to add a row.	
Name of Institution/Company	Grant•	n-Financial Other	Comments	
	<b>V</b>		Contract work through AHRQ to support the USPSTF	
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that wer	se one line for each e	ntity; add as many lines as you need by	
Section 4. Intellectual Proper	ty Patents & Copyric	jhts		
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	e work? ☐ Yes 🗸 No	

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Section 5. Polationships not sovered above
Relationships not covered above
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.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Rowland reports grants from the Agency for Healthcare Research and Quality, during the conduct of the study; .

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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