

Instructions

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Boland 1



| Section 1. | Identifying Inform | nation | | | | | |
|---|---|---|--|--|--|--|--|
| 1. Given Name (Fii Erin | rst Name) | 2. Surname (Last Name) Boland | 3. Date 19-October-2015 | | | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Gerald Gartlehner | | | | |
| 5. Manuscript Title Benefits and Harms of Antidepressants and Alternate Treatments for Major Depression: A Systematic Review and Meta- analysis | | | | | | | |
| 6. Manuscript Ider M15-1813 | ntifying Number (if you kr | now it) | | | | | |
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| Section 2. | The Work Under Co | onsideration for Public | tation | | | | |
| any aspect of the s statistical analysis, | 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 | | | | | | |
| Section 3. | Relevant financial | activities outside the s | ubmitted work. | | | | |
| of compensation clicking the "Add |) with entities as descri | ibed in the instructions. Us port 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 re present during the 36 months prior to publication. | | | | |
| Section 4. | Intellectual Proper | rty Patents & Copyric | ahts | | | | |
| Do you have any | • | | oadly relevant to the work? Yes V No | | | | |

Boland 2



| Section 5. | | | | | | | |
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| 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? | | | | | | |
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| Section 6. | Disclosure Statement | | | | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | | | | |
| Dr. Boland has n | othing to disclose. | | | | | | |

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Boland 3



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Amick 1



| Section 1. | Identifying Inform | ation | | | | | |
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| 1. Given Name (Fir Halle | | 2. Surname (Last Na Amick | me) | | 3. Date 26-October-2015 | | |
| 4. Are you the corresponding author? | | | | | | | |
| 5. Manuscript Title Comparative Benefits and Harms of Antidepressants, Psychological, Complementary, and Exercise Treatments for Major Depression: A Systematic Review and Meta-analysis 6. Manuscript Identifying Number (if you know it) M15-1813 | | | | | | | |
| Section 2. | The Work Under Co | onsideration for F | Publication | | | | |
| any aspect of the su statistical analysis, of Are there any rele If yes, please fill o | titution at any time receivubmitted work (including etc.)? | ve payment or service but not limited to gradest? Yes | s from a third party nts, data monitoring No | g board, st | ent, commercial, private foundation udy design, manuscript preparation ity press the "ADD" button to ac | n, | |
| Name of Instituti | | Grant? Persona Fees? | Non-Financial Support? | Other? | Comments | | |
| Agency for Healthcare | Research and Quality | ✓ | | | This work was funded by a contract with the AHRQ. | ct | |
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| of compensation) clicking the "Add |) with entities as descril | bed in the instruction ort relationships th | ns. Use one line fo | or each er | cial relationships (regardless of a ntity; add as many lines as you r e 36 months prior to publicati | eed by | |
| Section 4. | Intellectual Proper | ty Patents & Co | pyrights | | | | |
| Do you have any | patents, whether planr | | | ant to the | work? ☐ Yes ✓ No | | |

Amick 2



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| Ms. Amick reports that this work was funded by the Agency for Healthcare Research and Quality. |

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Gartlehner 1



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| 1. Given Name (Fi Gerald | rst Name) | 2. Surname (Last Nam Gartlehner | e) | | 3. Date 27-October | ~-2015 |
| 4. Are you the corresponding author? ✓ Yes No | | | | | | |
| Depression: A Sy | e nefits and Harms of Ant rstematic Review and M ntifying Number (if you kr | leta-analysis | ogical, Complen | nentary, and E | Exercise Treatn | nents for Major |
| Section 2. | The Work Under Co | onsideration for Pu | blication | | | |
| any aspect of the s statistical analysis, Are there any rel If yes, please fill o | stitution at any time rece ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressin | but not limited to grantest? Yes Normation below. If you | s, data monitoring | g board, study o | design, manusci | ript preparation, |
| Name of Institut | | | Non-Financial Support? | Other? Co | omments | |
| Agency for Healthcar | e Research and Quality | | | √ Con | ntract | |
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Gartlehner 2



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Forneris 1



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| 4. Are you the corre | sponding author? | Yes ✓ N | • | Corresponding Author's Name Gerald Gartlehner, MD, MPH | | |
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| of compensation) clicking the "Add + Are there any relev | e appropriate boxes in with entities as descri " box. You should rep vant conflicts of intere | bed in the instruc oort relationships | tions. Use one line f | for each entity; a | ıdd as many l | lines as you need by |
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Lux 2



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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

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.



| Section 1. | Identifying Inform | mation | |
|--------------------------------------|---------------------------|-----------------------------------|---|
| 1. Given Name (Fi Susan | rst Name) | 2. Surname (Last Name) Gaylord | 3. Effective Date (07-August-2008 30-October-2015 |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name Gerald Gartlehner |
| • | | | gical, Complementary, and Exercise Treatments for Major |
| 6. Manuscript Ide M15-1813 | ntifying Number (if you k | now 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| The Work Under Consideration for Publication | | | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| 1. Grant | | | ✓ | AHRQ | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ✓ | | | | | × |
| | | | | | | ADD |
| Support for travel to meetings for the study or other purposes | ✓ | | | | | × |
| | | | | | | ADD |
| Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | ✓ | | | | | × |
| | | | | | | ADD |
| Payment for writing or reviewing the manuscript | | | \checkmark | AHRQ | | × |
| | | | | | | ADD |
| Provision of writing assistance, medicines, equipment, or administrative support | ✓ | | | | | × |



| The Work Under Consideration for Publication | | | | | | |
|--|----------|-------------------------|----------------------------------|----------------|------------|-----|
| Туре | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
| | | | | | | ADD |
| 7. Other | ✓ | | | | | × |
| | | | | | | ADD |

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

| Relevant financial activities outside the submitted work | | | | | | |
|--|----------|-------------------------|----------------------------------|------------|----------|-----|
| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
| 1. Board membership | ✓ | | | | | × |
| | | | | | | ADD |
| 2. Consultancy | | ✓ | | NIH grants | | × |
| | | | | | | ADD |
| 3. Employment | √ | | | | | X |
| | | | | | | ADD |
| 4. Expert testimony | ✓ | | | | | X |
| | | | | | | ADD |
| 5. Grants/grants pending | | | \checkmark | NIH | | X |
| | | | | | | ADD |
| Payment for lectures including service on speakers bureaus | ✓ | | | | | × |
| | | | | | | ADD |
| Payment for manuscript preparation | ✓ | | | | | × |

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



| 8. Patents (planned, pending or issued) 9. Royalties 10. Payment for development of educational presentations 11. Stock/stock options 12. Travel/accommodations/meeting expenses unrelated to activities listed** X X X X X X X X X | Relevant financial activities outside the submitted work | | | | | | | |
|---|--|----------|---------|------|--------|----------|-----|--|
| 8. Patents (planned, pending or issued) 9. Royalties 10. Payment for development of educational presentations 11. Stock/stock options 12. Travel/accommodations/meeting expenses unrelated to activities listed** X X X X X X X X X | | No | Paid to | Your | Entity | Comments | | |
| issued) 9. Royalties 10. Payment for development of educational presentations ADD 11. Stock/stock options 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | | | | | | | ADD | |
| 9. Royalties Image: Second | | ✓ | | | | | × | |
| 10. Payment for development of educational presentations ADD 11. Stock/stock options 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | | | | | | | ADD | |
| 10. Payment for development of educational presentations ADD 11. Stock/stock options 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | 9. Royalties | ✓ | | | | | × | |
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| 11. Stock/stock options ADD 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | | ✓ | | | | | × | |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | | | | | | | ADD | |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | 11. Stock/stock options | ✓ | | | | | × | |
| meeting expenses unrelated to activities listed** | | | | | | | ADD | |
| ADD | meeting expenses unrelated to | ✓ | | | | | × | |
| | | | | | | | ADD | |
| 13. Other (err on the side of full disclosure) | | ✓ | | | | | × | |
| * This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line. | | | | | | | | |

| Section 4. | Other relationships |
|------------|---|
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| | tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below): |
| | 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. |

Hide All Table Rows Checked 'No'

SAVE



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

Asher 1



| Section 1. Identifying Info | rmation | | | | |
|---|--|--|--|--|--|
| 1. Given Name (First Name) Gary | 2. Surname (Last Name) Asher | 3. Date 13-October-2015 | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Gerald Gertlehner | | | |
| 5. Manuscript Title Benefits and Harms of Antidepressants and Alternate Treatments for Major Depression: A Systematic Review and Meta-analysis" | | | | | |
| 6. Manuscript Identifying Number (if you M15-1813 | know it) | | | | |
| Continu 2 | | | | | |
| Section 2. The Work Under Consideration for Publication | | | | | |
| | ng but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, | | | |
| Section 3. Relevant financia | - | milional take al morale | | | |
| Place a check in the appropriate boxe of compensation) with entities as des | cribed in the instructions. Us report relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | | | |
| Section 4. Intellectual Prop | erty Patents & Copyric | ghts | | | |
| Do you have any patents, whether pla | | | | | |

Asher 2



| Section 5. Polationships not severed above |
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| 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): |
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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. |
| Section 6. Disclosure Statement |
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| Dr. Asher has nothing to disclose. |

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Asher 3



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

Lohr 1



| Section 1. Identifying Inform | nation | | |
|--|--|--------------------------|--|
| 1. Given Name (First Name) Kathleen | 2. Surname (Last Name) Lohr | | 3. Date 20-October-2015 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Auth | or's Name y Gerald Gartlehner MD, MPH |
| Manuscript Title "Benefits and Harms of Antidepressants analysis" | and Alternate Treatment | s for Major Depressio | n: A Systematic Review and Meta- |
| 6. Manuscript Identifying Number (if you kn M15-1813 | now it) | _ | |
| | | | |
| 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 | g but not limited to grants, da est? Yes No ormation below. If you hav | ita monitoring board, st | ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, ity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant? Personal Noi | n-Financial other | Comments |
| RTI International | | | Contract with AHRQ for RTI-UNC EPC |
| | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | |
| Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere | ibed 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 | rty Patents & Copyric | ghts | |
| Do you have any patents, whether plant | ned, pending or issued, br | oadly relevant to the | work? |

Lohr 2



| Section 5. Relationships not covered 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? |
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| Dr. Lohr reports other from RTI International, during the conduct of the study; . |

Evaluation and Feedback

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Lohr 3



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Coker-Schwimmer 1



| Section 1. Identifying Inform | nation | | | | |
|--|--|--|--|--|--|
| 1. Given Name (First Name) Emmanuel | 2. Surname (Last Name) Coker-Schwimmer | 3. Date 02-November-2015 | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Gerald Gartlehner | | | |
| 5. Manuscript Title Comparative Benefits and Harms of Antidepressants, Psychological, Complementary, and Exercise Treatments for Major Depression: A Systematic Review and Meta-analysis 6. Manuscript Identifying Number (if you know it) M15-1813 | | | | | |
| Section 2. The Work Under Co | onsideration for Public | ation | | | |
| | g but not limited to grants, dat | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | | |
| Section 3. Relevant financial | activities outside the s | ubmitted work. | | | |
| of compensation) with entities as descri | ibed in the instructions. Us port relationships that were | ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication . | | | |
| Section 4. Intellectual Proper | rty Patents & Copyrig | hts | | | |
| Do you have any patents, whether plan | ned, pending or issued, bro | oadly relevant to the work? ☐ Yes ✓ No | | | |

Coker-Schwimmer 2



| Section 5. Polationships not severed above |
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Coker-Schwimmer 3



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Gaynes 1



| Section 1. Identifying Inform | ation | | | | | |
|--|---------------------|--|---|--|--|--|
| 1. Given Name (First Name) Bradley | 2. Surnai Gaynes | me (Last Nar | ne) | | 3. Date 08-October-2015 | |
| 4. Are you the corresponding author? | Yes | √ No | · · | Corresponding Author's Name Gerald Gartlehner | | |
| 5. Manuscript Title Benefits and Harms of Antidepressants and Alternate Treatments for Major Depression: A Systematic Review and Meta- analysis | | | | | | |
| 6. Manuscript Identifying Number (if you kno | ow it) | | | | | |
| Section 2. The Work Under Co | nsidera | tion for P | ublication | | | |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing Name of Institution/Company | st? 🗸 | Yes pelow. If yo putton. Personal | No u have more than Non-Financial | | ty press the "ADD" button to add a row. | |
| gency for Healthcare Research and Quality | | Fees? | Support? | | By contract 290-2012-00008i from | |
| | V | | | | the Agency for Healthcare Research and Quality to RTI International. The authors of this report are responsible for its content. Statements in this manuscript should not be construed as endorsement by the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services. | |
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| Section 3. Palacont Grant State | | | | | | |
| Relevant financial a | ctivities | outside [·] | the submitted | work. | | |
| Place a check in the appropriate boxes ir of compensation) with entities as descril | | | | | | |

Gaynes 2

clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

√ No

Yes

Are there any relevant conflicts of interest?



| Section 4. Intellectual Property Patents & Copyrights |
|---|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo |
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| Dr. Gaynes reports grants from Agency for Healthcare Research and Quality, from null, from null, during the conduct of the study; . |

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Gaynes 3



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Bann 1



| Section 1. Identifying Inform | ation | | |
|---|---------------------------------|--|--|
| 1. Given Name (First Name) Carla | 2. Surname (Last Name) Bann | 3. Date 09-October-2015 | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name | |
| 5. Manuscript Title Benefits and Harms of Antidepressants analysis | and Alternate Treatments fo | or Major Depression: A Systematic Review and Meta- | |
| 6. Manuscript Identifying Number (if you kr M15-1813 | now it) | | |
| | | | |
| Section 2. The Work Under Co | onsideration for Publica | tion | |
| | but not limited to grants, data | third party (government, commercial, private foundation, etc.) for monitoring board, study design, manuscript preparation, | |
| Section 3. Relevant financial | activities outside the su | bmitted work. | |
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| Do you have any patents, whether plan | ned, pending or issued, broa | adly relevant to the work? Yes V No | |

Bann 2



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| Section 6. | | | | |
| Section 6. | Disclosure Statement | | | |
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| Dr. Bann has not | thing to disclose. | | | |

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Pierl 1



| Section 1. | Identifying Inform | nation | | | |
|---|---|---|--|--|--|
| 1. Given Name (Fi Christiane Barba | | 2. Surname (Last Name) Pierl | 3. Date 09-October-2015 | | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name | | |
| analysis | | | for Major Depression: A Systematic Review and Meta- | | |
| Section 2. | The Work Under Co | onsideration for Public | ation | | |
| any aspect of the s statistical analysis, Are there any rel | stitution at any time rece ubmitted work (including | ive payment or services from g 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 financial | activities outside the s | ubmitted work. | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo | | | | | |
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| Do you have any | patents, whether plan | ned, pending or issued, bro | oadly relevant to the work? | | |

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| Section 5. | Deletionships not severed above | | | |
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| | Relationships not covered above | | | |
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Royalties: Funds are coming in to you or your institution due to your patent

Morgan 1



| Section 1. Identifying Inform | nation | | |
|---|----------------------------------|------------------------------|----------------------------|
| 1. Given Name (First Name) Laura | 2. Surname (Last Name) Morgan | | 3. Date 14-October-2015 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Nam | ne |
| 5. Manuscript Title Benefits and Harms of Antidepressants analysis | and Alternate Treatments | for Major Depression: A Syst | tematic Review and Meta- |
| 6. Manuscript Identifying Number (if you kr M15-1813 | now it) | | |
| | | | |
| Section 2. The Work Under Co | onsideration for Public | ation | |
| Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, dat | | |
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| Section 4. Intellectual Proper | rty Patents & Copyrig | hts | |
| Do you have any patents, whether plan | | | ☐ Yes ✓ No |

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