

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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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

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 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 publication**.

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 6. Disclosure Statement

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 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)

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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
Agency for Healthcare Research and Quality (AHRQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AHRQ supported the development of the report and manuscript through a federal contract with my university

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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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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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

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHRQ supported the development of the report and manuscript through a federal contract.

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AHRQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	contracts paid to my institution, which funds my salary, to perform systematic reviews

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

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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		
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Dr. Wood has nothing to disclose.

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1. Given Name (First Name) Meera 2. Surname (Last Name) Viswanathan 3. Date 13-November-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Valerie Hoffman

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agency for Healthcare Research and Quality (AHRQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AHRQ supported the development of the report and manuscript through a federal contract.

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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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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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4. Intellectual Property.

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

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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)

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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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. 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Middleton

3. Date

13-November-2015

4. Are you the corresponding author?

 Yes No

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

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M15-2259

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Dr. Middleton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) _____
Asheley

2. Surname (Last Name) _____
Skinner

3. Date _____
13-November-2015

4. Are you the corresponding author? Yes No
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

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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
Agency for Healthcare Research and Quality (AHRQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AHRQ supported the development of the report and manuscript through a federal contract.

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Dr. Skinner reports other from Agency for Healthcare Research and Quality (AHRQ), during the conduct of the study; .

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