

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.

5. Relationships not covered above.

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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) Cynthia	2. Surname (Last Name) Boyd	3. Date 14-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? Yes No

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

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

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being a co-author of a chapter for UpToDate on multimorbidity for which she receives a royalty.

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Dr. Boyd reports and being a co-author of a chapter for UpToDate on multimorbidity for which she receives a royalty. .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Linda

2. Surname (Last Name)

Humphrey

3. Date

15-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Amir Qaseem

5. Manuscript Title

Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians"

6. Manuscript Identifying Number (if you know it)

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Dr. Humphrey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Amir

2. Surname (Last Name)

Qaseem

3. Date

13-January-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians

6. Manuscript Identifying Number (if you know it)

M15-2570

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Section 1. Identifying Information

1. Given Name (First Name) nick	2. Surname (Last Name) fitterman	3. Date 13-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name amir quaseem
5. Manuscript Title Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians"		
6. Manuscript Identifying Number (if you know it) M15-2570		

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Dr. fitterman has nothing to disclose.

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2. Surname (Last Name) Barry

3. Date 13-January-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name Amir Qaseem

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Healthwise (a 501(c)3 nonprofit)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employed as Chief Science Officer
Informed Medical Decisions Foundation (a 501(c)3 nonprofit)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employed as president and a board member

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Dr. Barry reports grants, personal fees and non-financial support from Healthwise (a 501(c)3 nonprofit), grants, personal fees and non-financial support from Informed Medical Decisions Foundation (a 501(c)3 nonprofit), outside the submitted work; .

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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Devan

2. Surname (Last Name)
Kansagara

3. Date
13-January-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem

5. Manuscript Title
"Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians"

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

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

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

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Dr. Kansagara has nothing to disclose.

Evaluation and Feedback

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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) Thomas	2. Surname (Last Name) Denberg	3. Date 14-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M15-2570		

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.

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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. Denberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Timothy

2. Surname (Last Name)
Wilt

3. Date
05-February-2016

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

5. Manuscript Title
"Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
M15-2570

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Russell	2. Surname (Last Name) Harris	3. Date 20-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Amir Qaseem
5. Manuscript Title Nonpharmacological versus pharmacological treatment of adult patients with major depressive disorder.		
6. Manuscript Identifying Number (if you know it) M15-2570		

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Harris has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Chow

3. Date
03-February-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Amir Qaseem, MD PhD

5. Manuscript Title
Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians

6. Manuscript Identifying Number (if you know it)
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Dr. Chow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Robert
2. Surname (Last Name)
McLean
3. Date
11-January-2016
4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians
6. Manuscript Identifying Number (if you know it)
uncertain

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