

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.

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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) Lyn	2. Surname (Last Name) Whitaker	3. Date 21-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Anglemyer
5. Manuscript Title Suicide Rates and Methods in Active Duty Military Personnel 2005-2011: A Cohort Study		
6. Manuscript Identifying Number (if you know it) M15-2785		

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

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she is an Associate Professor of Operations Research at the Naval Postgraduate School

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Section 6. Disclosure Statement

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Dr. Whitaker reports no conflicts of interest and that she is an Associate Professor of Operations Research at the Naval Postgraduate School.

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)
Andrew

2. Surname (Last Name)
Anglemyer

3. Date
24-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Suicide Rates and Methods in Active Duty Military Personnel 2005-2011: A Cohort Study

6. Manuscript Identifying Number (if you know it)
M15-2785

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

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Dr. Anglemyer has nothing to disclose.

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1. Given Name (First Name) Samuel	2. Surname (Last Name) Buttrey	3. Date 15-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anglemyer, Andrew
5. Manuscript Title Suicide Rates and Methods in Active Duty Military Personnel 2005-2011: A Cohort Study		
6. Manuscript Identifying Number (if you know it) M15-2785		

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I am a civilian employee of the U.S. Navy.

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Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Miller

3. Date
23-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Retrospective Analysis of Suicide Rates and Predictors of Violent and Firearm-Specific Suicide Among Active Duty Military Personnel

6. Manuscript Identifying Number (if you know it)
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