

Instructions

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Siu 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Albert	rst Name)	2. Surname (Last Name) Siu	3. Date 07-December-2015
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Screening for Depression in Children and Adolescents			
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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Section 5.	
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Baumann



Section 1. Identifying Infor	mation		
1. Given Name (First Name) Linda	2. Surname (Last Name) Baumann	nt Mary II. crafting differen I Africa Mary Greatenston I	3. Date 08-December-2015
4. Are you the corresponding author?	Yes No	Corresponding Author's Nar Al Siu	me
5. Manuscript Title Screening for Depression in Children a	and Adolescents		
6. Manuscript Identifying Number (if you k	know it)		
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Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work?	☐ Yes ✓ No



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Given Name (First Name) Kirsten	2. Surname (Last Name) Bibbins-Domingo	3. Date 07-December-2015
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Al Siu
5. Manuscript Title Screening for Depression in Children a	nd Adolescents	
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Davidson



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5. Manuscript Title Screening for Depression in Childre	n and Adolescents	
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Ebell



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Ebell 3



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Francisco	2. Surname (Last Name) Garcia	3. Date 07-December-2015
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Did you or your institution at any time re any aspect of the submitted work (includi		CONTRACTOR CONTRACTOR DELICATION OF THE PERSON OF
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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's N	ame
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work	? Yes No



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Grossman



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Given Name (First Name) David	2. Surname (Last Name) Grossman		. Date 7-December-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name	red siderapped has need
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6. Manuscript Identifying Number (if you l	know it)		
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Do you have any patents, whether plan	nned, pending or issued, br	andly relevant to the work?	Yes / No



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Given Name (First Name) Jessica	2. Surname (Last Name) Herzstein	Fallow tooy heads	3. Date 07-December-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut	thor's Name
5. Manuscript Title Screening for Depression in Children	and Adolescents		
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Kemper



Section 1. Identifying Infor	mation		
1. Given Name (First Name) Alex	2. Surname (Last Name) Kemper		3. Date 07-December-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nam Al Siu	ne
5. Manuscript Title Screening for Depression in Children	and Adolescents		
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Krist



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Alex	2. Surname (Last Name) Krist	3. Date 07-December-2015
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Al Siu
5. Manuscript Title Screening for Depression in Children a	and Adolescents	
6. Manuscript Identifying Number (if you l	know it)	
Section 2. The Work Under (Consideration for Publi	cation
Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of interesting the statistical analysis and the statistical analysis.	g but not limited to grants, da	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Are there any relevant conflicts of inter	est? Yes V No	
Section 4. Intellectual Prope	rty Patents & Copyrig	ghts
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes No



Section 5. Rela	tionships not covered above
	ships or activities that readers could perceive to have influenced, or that give the appearance of what you wrote in the submitted work?
Yes, the following r	elationships/conditions/circumstances are present (explain below):
No other relationsh	ps/conditions/circumstances that present a potential conflict of interest
	pt acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements any ask authors to disclose further information about reported relationships.
Section 6. Disc	osure Statement
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Dr. Krist has nothing to	disclose.

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Kurth



1. Given Name (First Name) Ann	2. Surname (Last Name) Kurth	3. Date 06-December-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Screening for Depression in Childre	n and Adolescents	Al Siu
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Yes, the follo	owing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. urnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Kurth has n	othing to disclose.

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Kurth



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Section 1. Identifying Infor	mation		
Given Name (First Name) Douglas	2. Surname (Last Name) Owens		3. Date 07-December-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nan Al Siu	ne
5. Manuscript Title Screening for Depression in Children a	and Adolescents		
6. Manuscript Identifying Number (if you k	know it)		
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Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should reach there any relevant conflicts of inter-	ribed in the instructions. Us port relationships that wer	se one line for each entity; ac	dd as many lines as you need by
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No



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Owens 3



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Section 1.	dentifying Informa	tion		
1. Given Name (First William		2. Surname (Last Name) Phillips		3. Date 07-December-2015
4. Are you the corres	ponding author?	Yes No	Corresponding Author's Na Al Siu	me
5. Manuscript Title Screening for Depre	ession in Children and	Adolescents		
6. Manuscript Identif	ying Number (if you knov	w it)		
Did you or your institu any aspect of the sub- statistical analysis, etc	ution at any time receive mitted work (including b	ut not limited to grants, o	Market Company	mmercial, private foundation, etc.) for esign, manuscript preparation,
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Are there any releva	nt conflicts of interest	? Yes ✓ No		
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Do you have any pa	tents, whether planne	d, pending or issued, b	proadly relevant to the work?	Yes V No



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Given Name (First Name) Maureen	2. Surname (Last Name) Phipps		3. Date 07-December-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Al Siu	Name
5. Manuscript Title Screening for Depression in Children	and Adolescents		The work under com
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Pignone



Given Name (First Name) Michael	2. Surname (Last Name) Pignone	3. Date 07-December-2015
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Al Siu
5. Manuscript Title Screening for Depression in Children	and Adolescents	
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Section 2. The Work Under	Consideration for Public	cation
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Dr. Pignone has nothing to disclose.

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