

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Fardad

2. Surname (Last Name)

Gharghabi

3. Date

26-July-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Holly Wilcox

5. Manuscript Title

Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop

6. Manuscript Identifying Number (if you know it)

M16-1281

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Gharghabi 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) Hadi	2. Surname (Last Name) Kharrazi	3. Date 25-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Holly Wilcox
5. Manuscript Title Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop		
6. Manuscript Identifying Number (if you know it) M16-1281		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rashelle

2. Surname (Last Name)
Musci

3. Date
03-August-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Holly Wilcox

5. Manuscript Title
Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop

6. Manuscript Identifying Number (if you know it)
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Dr. Musci 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) Karen	2. Surname (Last Name) Robinson	3. Date 02-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Holly Wilcox
5. Manuscript Title Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop		
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Section 1. Identifying Information

1. Given Name (First Name) Ryoko	2. Surname (Last Name) Susukida	3. Date 21-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Holly C. Wilcox
5. Manuscript Title Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop		
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1. Given Name (First Name)
Holly

2. Surname (Last Name)
Wilcox

3. Date
29-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop

6. Manuscript Identifying Number (if you know it)
M16-1281

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)
Renee

2. Surname (Last Name)
Wilson

3. Date
23-July-2016

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

5. Manuscript Title
Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract

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Section 1. Identifying Information

1. Given Name (First Name) Lawrence	2. Surname (Last Name) Wissow	3. Date 03-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Holly Wilcox
5. Manuscript Title Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop		
6. Manuscript Identifying Number (if you know it) M16-1281		

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Dr. Wissow has nothing to disclose.

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Section 1. Identifying Information

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Allen

2. Surname (Last Name)
Zhang

3. Date
21-July-2016

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

5. Manuscript Title
Data Linkage Strategies to Advance Youth Suicide Prevention: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop

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