

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".

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Siedner	3. Date 22-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonathan Chang
5. Manuscript Title Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study		
6. Manuscript Identifying Number (if you know it) M17-2252		

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 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Hunt

3. Date
21-February-2018

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

5. Manuscript Title
Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study

6. Manuscript Identifying Number (if you know it)
M17-2252

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

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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
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Viiv	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Hunt reports grants from NIH, during the conduct of the study; personal fees from Merck, personal fees from Gilead, personal fees from Viiv, 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)
Jonathan

2. Surname (Last Name)
Chang

3. Date
23-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study

6. Manuscript Identifying Number (if you know it)
M17-2252

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Dr. Chang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alexander	2. Surname (Last Name) Tsai	3. Date 23-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonathan Chang
5. Manuscript Title Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study		
6. Manuscript Identifying Number (if you know it) M17-2252		

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Dr. Tsai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey

2. Surname (Last Name)
Martin

3. Date
02-May-2018

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

5. Manuscript Title
Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Martin reports grants from National Institutes of Health, during the conduct of the study; .

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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)
Bosco Bwana

2. Surname (Last Name)
Mwebesa

3. Date
21-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jonathan Chang

5. Manuscript Title

Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study

6. Manuscript Identifying Number (if you know it)

M17-2252

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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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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Section 6. Disclosure Statement

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Dr. Bwana 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) David	2. Surname (Last Name) Bangsberg	3. Date 23-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonathan Chang
5. Manuscript Title Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study		
6. Manuscript Identifying Number (if you know it) M17-2252		

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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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. Bangsberg 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)
Yap

2. Surname (Last Name)
Boum

3. Date
01-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr Chang

5. Manuscript Title

Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study

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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Dr. Boum has nothing to disclose.

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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) Jessica	2. Surname (Last Name) Haberer	3. Date 08-March-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jonathan Chang
5. Manuscript Title Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study		
6. Manuscript Identifying Number (if you know it) M17-2252		

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

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

Section 3. Relevant financial activities outside the submitted work.

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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
Merck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Haberer reports grants from NIH, during the conduct of the study; personal fees from Merck, 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) Nicholas	2. Surname (Last Name) Musinguzi	3. Date 09-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonathan Chang
5. Manuscript Title Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Mr. Musinguzi 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)
Conrad

2. Surname (Last Name)
Muzoora

3. Date
18-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jonathan Chang

5. Manuscript Title

Depression and suicidal ideation among HIV-infected adults receiving efavirenz versus nevirapine in Uganda: a prospective cohort study

6. Manuscript Identifying Number (if you know it)

M17-2252

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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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**.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Muzoora has nothing to disclose.

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