

#### **Instructions**

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Other: Anything not covered under the previous three boxes

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**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

Valenstein 1



Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Marcia		2. Surname (Last Name) Valenstein	3. Date 09-September-2018		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Marcia Valenstein, MD, MS		
5. Manuscript Title The cost-effectiveness of cognitive behavioral therapy versus second-generation antidepressants for initial treatment of major depressive disorder in the United States 6. Manuscript Identifying Number (if you know it) M18-1480					
Section 2.	The Work Under Co	onsideration for Public	ration		
any aspect of the s statistical analysis,	stitution <b>at any time</b> recei ubmitted work (including	ive payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	ty Patents & Copyrig	ihts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo		

Valenstein 2



Section 5. Relationships not covered above				
helationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6. Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Valenstein has nothing to disclose.				

## **Evaluation and Feedback**

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Valenstein 3



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

Vijan 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Sandeep		2. Surname (Last Name Vijan	e)	3. Date 22-August-2018		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Au	ithor's Name		
major depressive		d States	second-generation an	ntidepressants for initial treatment of		
Section 2.	The Work Under C	onsideration for Pu	blication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	titution <b>at any time</b> rece ubmitted work (including etc.)? evant conflicts of intere	eive payment or services fig g but not limited to grant: est?	rom a third party (gover) 5, data monitoring board O	nment, commercial, private foundation, etc.) for I, study design, manuscript preparation, entity press the "ADD" button to add a row.		
Name of Institut			Non-Financial Support?	Comments		
Department of Vetera	ans Affairs (CD2 07-206-1)					
	l					
Section 3.	Relevant financial	activities outside th	ne submitted work			
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4.	Intellectual Prope	rty Patents & Copy	yrights			
Do you have any	patents, whether plan	ned, pending or issued	l, broadly relevant to t	he work? Yes V No		

Vijan 2



Section 5. Polationships not severed above			
Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
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Section 6. Disclosure Statement			
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.			
Dr. Vijan reports grants from Department of Veterans Affairs (CD2 07-206-1), during the conduct of the study; .			

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Miller 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Erin	rst Name)	2. Surname (Last Name) Miller	3. Date 22-August-2018		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Eric Ross		
			ond-generation antidepressants for initial treatment of		
	ntifying Number (if you kr				
Section 2.	The Work Under Co	onsideration for Public	cation		
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Are there any rel	evant conflicts of intere	est? Yes ✓ No			
Continue					
Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

Miller 2



Section 5.	Deletionshing not severed above				
	Relationships not covered above				
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Ms. Miller has no	thing to disclose.				

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Zivin 1



Section 1.	dentifying Inform	ation				
1. Given Name (First I Kara	Name)	2. Surname (Last Zivin	Name)	3. Date 22-August-2018		
4. Are you the corresp	oonding author?	Yes ✓ N	•	Corresponding Author's Name Eric Ross		
major depressive di	ess of cognitive beha isorder in the United ying Number (if you kno	States	rsus second-gener	ation antidepres	sants for initia	al treatment of
Section 2.	he Work Under Co	onsideration fo	r Publication			
any aspect of the subr statistical analysis, etc Are there any releva If yes, please fill out	mitted work (including a.)? ant conflicts of intere	but not limited to st? Yes [rmation below. If	grants, data monitori	ng board, study de	esign, manuscri	ate foundation, etc.) for pt preparation, button to add a row.
Name of Institution		Grant? Perso	_	Other? Cor	mments	
Department of Veterans	Affairs (CD2 07-206-1)	<b>✓</b>				
Section 3.	elevant financial a	activities outsi	de the submitted	l work.		
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Section 4.	ntellectual Propert	ty Patents &	Copyrights			
Do you have any pa	tents, whether plann	ned, pending or is	sued, broadly relev	ant to the work	?	<b>√</b> No

Zivin 2



Section 5. Relationships not covered above			
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Dr. Zivin reports a grant from Department of Veterans Affairs (CD2 07-206-1) during the conduct of the study; .			

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Ross 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Eric	rst Name)	2. Surname (Last Name Ross	e)		3. Date 26-August-	2018
4. Are you the cor	responding author?	✓ Yes No				
major depressive	e reness of cognitive beha e disorder in the United ntifying Number (if you kn	States	second-genera	tion antidepro	essants for init	ial treatment of
Section 2.	The Work Under Co	onsideration for Pu	blication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill c	stitution <b>at any time</b> recei- ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to grants est? Yes Normation below. If you	s, data monitoring	g board, study	design, manusc	ript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? C	omments	
National Institute of N	vlental Health	<b>✓</b>		R25	5 MH 094612	
	ı					
Section 3.	Relevant financial a	activities outside th	ne submitted	work.		
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Section 4.	Intellectual Proper	ty Patents & Copy	yrights			
Do you have any	patents, whether planr	ned, pending or issued	l, broadly releva	ant to the wor	rk? Yes	✓ No

Ross 2



Section 5.					
Detaion D.	Relationships not covered above				
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c ii c					
Section 6.	Disclosure Statement				
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Dr. Ross reports g	rants from National Institute of Mental Health, during the conduct of the study; .				

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