

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
James

2. Surname (Last Name)
Sall

3. Date
24-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2019 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines

6. Manuscript Identifying Number (if you know it)
M19-0687

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Section 1. Identifying Information

1. Given Name (First Name)
Amy

2. Surname (Last Name)
Millikan Bell

3. Date
30-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title

Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2019 VA/DoD Clinical Practice Guideline

6. Manuscript Identifying Number (if you know it)

M19-0687

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Dr. Millikan Bell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lisa	2. Surname (Last Name) Brenner	3. Date 01-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James Sall
5. Manuscript Title Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2019 VA/DoD Clinical Practice Guideline		
6. Manuscript Identifying Number (if you know it) M19-0687		

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Michael

2. Surname (Last Name)
Colston

3. Date
06-June-2019

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