

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".

3. Relevant financial activities outside the submitted work.

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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 Issued: The patent has been issued by the agency 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

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



| Section 1. Identifying In | formation | |
|---|----------------------------------|---|
| 1. Given Name (First Name) Andrew | 2. Surname (Last Name) Conner | 3. Date 15-July-2019 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Matthew Miller |
| 5. Manuscript Title Suicide Case Fatality Rates in the U | nited States, 2007 to 2014: A | Nationwide Population-Based Study |
| 6. Manuscript Identifying Number (if y M19-1324 | ou 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.)?

🖌 No

| Are there any relevant conflicts of interest? | | Yes |
|---|--|-----|
|---|--|-----|

Section 3. Relevant financial activities outside the submitted work.

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| Are there any relevant conflicts of interest? | Yes | \checkmark | No |
|---|-----|--------------|----|
|---|-----|--------------|----|

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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Mr. Conner has nothing to disclose.

Evaluation and Feedback

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| Section 1. | Identifying Infor | mation | |
|--------------------------------------|--------------------------|---|-------------------------|
| 1. Given Name (F Matthew | irst Name) | 2. Surname (Last Name) Miller | 3. Date 27-June-2019 |
| 4. Are you the co | rresponding author? | ✓ Yes No | |
| 5. Manuscript Tit Suicide Case Fa | | ed States, 2007 to 2014: A Nationwide P | opulation-Based Study" |
| 6. Manuscript Ide M19-1324 | entifying Number (if you | know it) | |
| | | | |
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| Are there any re | elevant conf | flicts of i | nterest? | | Yes |
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| Section 1. Identifying Infor | mation | | |
|--|----------------------------------|--|------------------------------|
| 1. Given Name (First Name) Deborah | 2. Surname (Last Name) Azrael | | 3. Date 23-September-2019 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Nar Matthew Miller | ne |
| 5. Manuscript Title Suicide Case Fatality Rates in the Unit | ed States, 2007 to 2014: A | Nationwide Population-Based | d Study |
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