Your Name: Manuscript Title:		-	12/1/2021		
		-	Abigail Easter Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)		
		-			
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
contaffe indicate The epicothat	tent of your manuscricted by the content of cate a bias. If you are author's relationship lemiology of hyperter medication is not me	ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmen about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufaction the manuscript.	/interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and for disclosure is the			ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Health S	Services and Delivery Research nme (project number NIHR128068)	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item	1	pplied Research Collaboration South		
	#1 above).	London			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

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		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	-	e following statement to indicate your agreeme	

Date:	12/1/2021
Your Name:	Professor Debra Salmon
Manuscript Title:	Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None □	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	-	e following statement to indicate your agreeme ered every question and have not altered the wo	

Dat	:e:		12/1/2021		
Your Name:			Elizabeth Ford		
Manuscript Title:			Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)		
Ma	nuscript Number (if l	known):	NIHR129068		
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epi		ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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1	All support for the present	□ No	one		
1	present manuscript (e.g.,	□ N o		Payments made towards salary to my institution.	
1	present manuscript (e.g., funding, provision of study materials,				
1	present manuscript (e.g., funding, provision of study materials, medical writing,			Payments made towards salary to my institution.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)			Payments made towards salary to my institution.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing			Payments made towards salary to my institution.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Payments made towards salary to my institution. Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month	Payments made towards salary to my institution. Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	NIHR	Time frame: past 36 month	Payments made towards salary to my institution. Click the tab key to add additional rows.	
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	NIHR NIHR No No NIHR EPSRC	Time frame: past 36 month	Payments made towards salary to my institution. Click the tab key to add additional rows. Payments made towards salary to my institution, funding towards my research project	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIHR NIHR No No NIHR EPSRC	Time frame: past 36 month	Payments made towards salary to my institution. Click the tab key to add additional rows. Payments made towards salary to my institution, funding towards my research project	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	US National institutes of Ageing	15/10/20 \$150 honorarium.
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Sussex Health and Care Partnership – member of Sussex Integrated Dataset Programme Capability Board.	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		e following statement to indicate your agreeme	

Date:		_	12/1/2021		
Your Name:		_	Fiona Alderdice		
Manuscript Title:		_	Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)		
Mai	nuscript Number (if k	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	-	nsion, you	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th		The state of the s	vithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g.,	□ No	ne	of the work Salary cover to my institution	
1	present manuscript (e.g., funding, provision			Salary cover to my institution	
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not		ne atrix grant Time frame: past 36 month	Salary cover to my institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	NIHR Ma	ne atrix grant Time frame: past 36 month	Salary cover to my institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIHR Ma	ne atrix grant Time frame: past 36 montheee	Salary cover to my institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or	NIHR Ma	ne atrix grant Time frame: past 36 montheee	Salary cover to my institution Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Society for Reproductive and Infant Psychology

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		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	-	e following statement to indicate your agreeme	

Date:		12/1/2021			
You	r Name:	Helen Cheyne	Helen Cheyne		
Mai	nuscript Title:		Perinatal Mental Health Assessment and Treatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)		
Mai	nuscript Number (if l	nown): _ Click or tap here t	o enter text.		
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		Name all entities with who relationship or indicate no		Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame	: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ None Funding as co-applicant: H Delivery Research Program NIHR128068		Click the tab key to add additional rows.	
	this item.				
		Т	ime frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Funding from Scottish Gov Office and NIHR 17/105/16: Methods of as anxiety (MAP): The accept and feasibility of different NIHR127569 Cervical Ripe Hospital – prospective coh evaluation (CHOICE Study) Evaluating Models of care pathways for women who drugs and their infants, fro months postnatal NIHR13	sessing perinatal cability, effectiveness approaches ning at Home or In- nort study and process , best practice and care are dependent on om preconception to 18		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		MRC MR/T039345 Improving maternal mental health in South East Asia through assets based approaches	
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None Trustee of the UK Sepsis Trust	
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None ■	
		t to the following statement to indicate your agreeme	
\boxtimes	i certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

3 8/26/2021 ICMJE Disclosure Form

Date:	12/1/2021
Your Name:	Jennifer Holly
Manuscript Title:	Perinatal Mental Health Assessment and Treatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)
Manuscript Number (if known):	Click or tap here to enter text.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None □	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	-	e following statement to indicate your agreeme ered every question and have not altered the wo	

Date:			12/1/2021		
You	r Name:		Judy Shakespeare		
Manuscript Title:			Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)		
Mai	Manuscript Number (if known):		Click or tap here to enter text.		
con affe indi The epic	tent of your manuscr cted by the content of cate a bias. If you are author's relationship	ipt. "Re of the m e in dou os/activi nsion, y	lated" means any relation with for-profit or no anuscript. Disclosure represents a commitmen bt about whether to list a relationship/activity ties/interests should be defined broadly. For e ou should declare all relationships with manuf	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		The state of the s	ithout time limit. For all other items, the time	
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Healt	None n Services and Delivery Research amme (project number NIHR128068)	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Healt	n Services and Delivery Research		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Healt Progr	n Services and Delivery Research amme (project number NIHR128068)		

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None □	

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		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	-	e following statement to indicate your agreeme	

Date:		-	12/1/2021		
You	Your Name:		Rebecca Webb		
Manuscript Title:		<u>-</u>	Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)		
Maı	Manuscript Number (if known):		Click or tap here to enter text.		
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epic	•	nsion, you	•	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Nor		s	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None □	

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			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/1/2021
Your Name:	Rose Coates
Manuscript Title:	Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)
Manuscript Number (if known):	Click or tap here to enter text.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/1/2021
Your Name:	Sally Hogg
Manuscript Title:	Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)
Manuscript Number (if known):	NIHR129068

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/1/2021
Your Name:	Sarah McMullen
Manuscript Title:	Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)
Manuscript Number (if known):	NIHR129068

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

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11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: \[\sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	12/2/2021
Your Name:	Professor Simon Gilbody
Manuscript Title:	Perinatal Mental Health Assessment and Treatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRix)
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6	Payment for expert testimony	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \[\sum I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			7/12/2022		
Your Name:			Susan Ayers		
Manuscript Title:			Perinatal Mental Health Assessment and TReatment: An Evidence Synthesis and Conceptual Framework of Barriers and Facilitators to Implementation (MATRIX)		
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epic	•	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
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			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
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