

ICMJE DISCLOSURE FORM

Date: 8/20/2022

Your Name: Najma Siddiqi

Manuscript Title: Approaches used to deliver depression care in TB services in LMICs and barriers and facilitators to implementation: a systematic review

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.

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		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)								
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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.

ICMJE DISCLOSURE FORM

Date: 8/23/2022

Your Name: Dr Olamide Todowede

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): Click or tap here to enter text.

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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.

ICMJE DISCLOSURE FORM

Date: 01.09.22.

Your Name: Rocio Nava-Ruelas

Manuscript Title: Approaches used to deliver depression care in TB services in LMICs and barriers and facilitators to implementation: a systematic review.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 26.08.22.

Your Name: Helen Elsey

Manuscript Title: Approaches used to deliver depression care in TB services in LMICs and barriers and facilitators to implementation: a systematic review.[Click or tap here to enter text.](#)

Manuscript Number (if known): [Click or tap here to enter text.](#)

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