

ICMJE DISCLOSURE FORM

Date: 5/26/2022

Your Name: Steven Pryjmachuk

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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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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: 8/11/2021

Your Name: Susan Kirk

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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

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		Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Canadian Institute for Health Research	Francis House Children's Hospice
		New Frontiers in Research Fund (NFRF) (Canada)	
		North West Lung Centre	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		NIHR Research for Patient Benefit Panel Member	

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: 5/9/2022

Your Name: Claire Fraser

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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

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ICMJE DISCLOSURE FORM

Date: 5/9/2022

Your Name: Dr Nicola Evans

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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

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ICMJE DISCLOSURE FORM

Date: 5/6/2022

Your Name: Rhiannon Lane

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 5/6/2022

Your Name: Liz Neill

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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: 5/5/2022

Your Name: Elizabeth Camacho

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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

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		NIHR RfPB North West funding panel member	2019-21
		NIHR HTA funding panel member	2021-present

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 5/5/2022

Your Name: Peter Bower

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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

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		NIHR Programme Grants for Applied Research Panel	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Penny Bee

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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

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Time frame: past 36 months								
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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		NIHR RfPB NW Funding Panel Member	2014-2018
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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: 5/6/2022

Your Name: Tim McDougall

Manuscript Title: Blueprint: Developing a model for high quality service design for children and young people with common mental health problems

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.

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