ICMJE DISCLOSURE FORM

Date: 06/08/2021
Your Name: Laura Gill
Manuscript Title: PARTNERS2: Developing and evaluating a primary care based collaborative care intervention for individuals with severe mental illness
Manuscript number (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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.**	Funding from NIHR	
Time frame: past 36 months			
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3	Royalties or licenses	Not applicable.	
4	Consulting fees	Not applicable.	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Not applicable.	
6	Payment for expert testimony	Not applicable.	
7	Support for attending meetings and/or travel	Not applicable.	
8	Patents planned, issued or pending	Not applicable.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Not applicable.	
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.