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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	NIHR Efficacy and Mechanism Evaluation Programme	Institution
	medical writing, article processing charges, etc.)	Magstim plc	Loan of equipment to my institution, which we then subsequently purchased
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR grants (ARC East Midlands, MindTech, Nottingham Biomedical Research Centre, Senior Investigator Award, HTA	Institution

		funding for IBPI (NIHR131483), PAX-BD (16/154/01), ASCEND (NIHR132773) randomized controlled trials, RfPB NERO trial (RfPB202753), ROWTaTe programme grant (RP-PG-0617-20001) Wellcome Trust Doctoral	Institution
		training programme, RELMED and GAINS RCTs	
		UKRI – Neuromod plus, NHS Check and TIDES studies	Institution
		Electromedical Products Inc	Institution
3	Royalties or licenses	None	
4	Consulting fees	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	Novartis NIHR ARCs	Me Institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	

	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

\_\_\_\_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2/9/2023
Your Name:	Lucy Webster
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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 o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None         National Institute for Health Research UK EME programme         Magstim plc         Time frame: past 36 months	Funding Funding Click the tab key to add additional rows.
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	3/13/2023
Your Name:	Luke Ingram
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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.) <b>No time limit for this item.</b>	[⊠] None 	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None [	

11       Stock or stock options       None         Image: Stock options       Image: Stock option stock	n)	
materials, drugs,		
13       Other financial or non-financial interests       Image: None         Image: Ima		
Please place an "X" next to the following statement to indicate your agreement:		

Date: 2/11/2023	
Your Name:	Dr Mohamed Abdelghani
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Image: None         Image: I	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
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	
		Takeda Pharmaceutical	Consultancy work (payment made to me)
		Janssen Pharmaceutical	Consultancy work (payment made to me)
5	Payment or honoraria for	D None	
	lectures, presentations, speakers	Clinical TMS Society	Honoraria for giving lectures in the Pulses TMS course that is run by the society (payment made
	bureaus, manuscript	Takeda Pharmaceutical	to me) Honoraria for giving lectures related to ADHD (payment made to me)
	writing or educational events	Janssen Pharmaceutical	Honoraria for giving lectures on Esketamine nasal spray (payment made to me)
6	Payment for expert testimony	[⊠] None	
7	Support for attending	□ None	
	meetings and/or travel	APAA (Advances in Psychiatry Across the Ages) medical conference in Abu Dhabi	I delivered a lecture in this conference in January 2023 and expecting to receive partial reimbursement of my airfare.
		Clinical TMS Society	Reimbursement of travel expenses when I teach
			in Pulses TMS course (payment made to me)
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	Distance Dis	
	Monitoring	Janssen Pharmaceutical	Advisory Board (payment made to me)
	Board or Advisory Board		
10	Leadership or		
	fiduciary role in other board,	Clinical TMS Society	President (unpaid)
	society,	Clinical TMS Society	Member of the board of directors (unpaid)
	committee or	Foundation of Advancement of Clinical TMS	Member of the board of directors (unpaid)
	advocacy group,	(FACTMS)	· · · /
	paid or unpaid	Royal College of Psychiatrists, Committee of ECT & related treatments	Member of the committee (unpaid)

		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)
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:		

Date:	2/8/2024	
Your Name:	Adriana Anton	
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."	
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           NIHR Nottingham Biomedical Research Centre, UK           The University of Nottingham           Time frame: past 36 months	Funding Click the tab key to add additional rows.
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/13/2023
Your Name:	Dr Shaun Barber
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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 o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	□ None NIHR EME	Funded the clinical trial statistics Click the tab key to add additional rows.
		Time frame: past 36 months	S
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date: 2/9/2023	
Your Name:	Peter Bates
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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 planni	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<ul> <li>☑ None</li> <li>□</li> <li>□</li> <li>□</li> </ul>	Click the tab key to add additional rows.
		Time frame: past 36 mo	ths
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	2/12/2023
Your Name:	Dr Paul M Briley
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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	□ None	
	manuscript (e.g., funding, provision of study materials,	NIHR award: ACF-2019-12-007	Academic Clinical Fellowship, 2019-2022, bursary and salary
	medical writing,		Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	s
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	University of Nottingham Health Education England Clinical Lecturer Starter Grant	2023-2025: £11,885 for equipment,
	#1 above).		scanner time, consumables, and participant payments for neuromodulation studies
		NIHR Nottingham Biomedical Research Centre Innovation Funding Award	2022-2023: £4,895 for equipment, consumables, and participant payments for neuromodulation studies
		University of Nottingham Mental Health & Clinical Neurosciences Fund	2022-2023: £1,950 for consumables and participant payments for neuromodulation studies

		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)
		University of Nottingham Precision Imaging Strategic Growth Fund Royal College of Psychiatrists Academic Trainee Grant	2022: £6,866 to purchase neuromodulation equipment 2021: £1,861 for equipment and consumables for a pilot TMS study
3	Royalties or licenses	☑ None	
4	Consulting fees	☑         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       Royal College of Psychiatrists	Bursary to attend and present at the annual RCPsych International Congress
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	
11	Stock or stock options	<ul> <li>☑ None</li> <li>□</li> </ul>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	<ul> <li>☑ None</li> <li>□</li> <li>□</li> </ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:          Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

ate: 2/10/2023	
Your Name:	Clement Boutry
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT.".
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.) <b>No time limit for this item.</b>	None         National Institute for Health Research UK EME programme         Magstim plc	Funding         Click the tab key to add additional rows.
		Time frame: past 36 months	S
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
11	Stock or stock options	<ul> <li>☑ None</li> <li>□</li> <li>□</li> <li>□</li> </ul>	
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:		

Date:	2/13/2023
Your Name:	Cassandra Brookes
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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 o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	□ None NIHR EME	Funded the grant including the statistics Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None       BRIGhTMIND Study	Statistical co-applicant
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>☑ None</li> <li>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</li></ul>	
Please place an "X" next to the following statement to indicate your agreement:			

2/14/2023	
Your Name:	Edward Cox
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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          Funding: National Institute for Health Research -         EME Programme (IRAS Ref: 245025)	Payments made to institution. Click the tab key to add additional rows.
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>☑ None</li> <li>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</li></ul>	
Please place an "X" next to the following statement to indicate your agreement:			

2/14/2022	
Your Name:	Miss Bethany Hall
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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 	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>☑ None</li> <li>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</li></ul>	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	2/10/2023
Your Name:	Marilyn James
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."

### Manuscript Number (if known):

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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)
		Time frame: Since the initial planning	of the work
	All support for the present	[⊠] None	
	manuscript (e.g., funding, provision of study materials,	National Institute for Health Research - EME Programme (IRAS Ref: 245025)	Payments made to the institution.
	medical writing,		Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	S
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	Pharyngeal Electrical stimulation for Acute Stroke dysphagia NIHR HTA Co-ap	Payments made to the institution
	#1 above).	Relief Randomised controlled trial of a new relief inhaler in mild asthma. NIHR HTA Co-ap	Payments made to the institution
		NIHR HTA Reference Number: NIHR129917 Tranexamic acid for hyper acute spontaneous	Payments made to the institution
		intracerebral haemorrhage TICH-3 NIHR HTA Co- ap	
		SATURN: Stimulant Medication for ADHD and Tics - Understanding Response versus Non-	Payments made to the institution
		stimulants (SATURN study): a randomised trial of the clinical and cost-effectiveness of	

		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)
		methylphenidate versus guanfacine for ADHD in children and young people with a co-existing tic disorder NIHR HTA Co-ap	
		POINT: A multi-centre randomised trial of surgery versus non-surgical splint treatment for proximal phalanx shaft finger fractures in adults NIHR HTA Co-ap	Payments made to the institution
		STAndardised Dlagnostic Assessment for children and adolescents with emotional difficulties (STADIA): a multi-centre randomised controlled trial. NIHR HTA Co-ap	Payments made to the institution
		Multicentre Research Programme to Enhance Return to Work after Trauma (ROWTATE) NIHR HTA Co-ap	Payments made to the institution
		Introducing personalised risk based intervals in screening for diabetic retinopathy: development, implementation and assessment of safety, cost effectiveness and patient experience. NIHR Programme grant Co- ap	Payments made to the institution
3	Royalties or licenses	☑ None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ 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)
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         □       □         □       □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠         None	
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         □       □         □       □         □       □	

	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)
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:	1/31/2024	
Your Name:	Matthew Keane	
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."	
Manuscript Number (if known):	Click or tap here to enter text.	

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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)
		Time frame: Since the initial planni	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<ul> <li>☑ None</li> <li>□</li> <li>□</li></ul>	Click the tab key to add additional rows.
		Time frame: past 36 mo	ths
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	2/14/2023	
Your Name:	Micheal Kurkar	
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."	
Manuscript Number (if known):	Click or tap here to enter text.	

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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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		Time frame: past 36 mont	าร
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/20/2023	
Your Name:	Dr Sudheer Lankappa	
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 mont	าร
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/13/2023	
Your Name:	Peter Liddle	
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Name all entities with whon relationship or indicate none		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.	□ <b>None</b> NIHR/MEC EME programme	2	Funding for the study: Randomised double-blind controlled trial of connectivity guided theta burst transcranial magnetic stimulation versus repetitive transcranial magnetic stimulation for treatment resistant moderate to severe depression: evaluation of efficacy, cost effectiveness and mechanism of action. Payments were paid to my institution, no
				personal payment to myself
				Click the tab key to add additional rows.
		Tir	ne frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] 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)
3	Royalties or licenses	☑         None           □         □           □         □	
4	Consulting fees	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	
10	Leadership or fiduciary role in other board,	[□] 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)
	society, committee or advocacy group, paid or unpaid	Institute of Mental Health, Nottingham	Director, Centre for Translational Neuroimaging for Mental Health. No payments to myself or my institution
11	Stock or stock options	⊠         None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: None         Image: I	
13	Other financial or non-financial interests	⊠         None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date: 2/27/2023	
Your Name:	R. Hamish McAllister-Williams
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
Manuscript Number (if known):	Click or tap here to enter text.

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		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.) <b>No time limit for this item.</b>	□ None □	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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       LivaNova       Janssen-Cilag       Sage Therapeutics	Payments to myself and my institution Payments to my institution Payments to my institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript	P1Vital          D       None         LivaNova       Janssen-Cilag         Takeda       Lundbeck	Payments to myself         Payments to myself and my institution         Payments to my institution         Payments to my institution         Payments to my institution         Payments to my institution
	writing or educational events		
6	Payment for expert testimony	[⊠] None [	
7	Support for attending meetings and/or travel	D None Janssen-Cilag	Accommodation for ECNP 2022
8	Patents planned, issued or pending	⊠       None         □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None       NIHR HTA funded SNAPPER trial       EU Funded PReDicT study	Chair of TSC Chair of DMC
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Director of Education for British Association for Psychopharmacology	Payment made to my institution

		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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date: 2/14/2023	
Your Name:	Hyerin Oh
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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.

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		Time frame: Since the initial planning	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Image: None         Image: I	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date: 2/13/2023	
Your Name:	A O'Neill-Kerr
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planni	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<ul> <li>☑ None</li> <li>□</li> <li>□</li></ul>	Click the tab key to add additional rows.
		Time frame: past 36 mo	ths
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	Magstim	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Magstim	
6	Payment for expert testimony	[⊠] None 	
7	Support for attending meetings and/or travel	None       Magstim	
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	

		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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/13/2023
Your Name:	Stefan Pszczolkowski
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
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 National Institute for Health and Care Research	Funding 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 above).	<ul> <li>[⊠] None</li> <li></li></ul>	
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/13/2023	
Your Name:	Ana Suazo Di Paola	
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."	
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 o	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.	Nihr eme	Funded the grant including the statistics Click the tab key to add additional rows.
		Time frame: past 36 months	5
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/17/2023
Your Name:	Louise Thomson
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
Manuscript Number (if known):	Click or tap here to enter text.

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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)
		Time frame: Since the initial planni	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<ul> <li>☑ None</li> <li>□</li> <li>□</li></ul>	Click the tab key to add additional rows.
		Time frame: past 36 mo	ths
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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)
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	<ul> <li>[⊠] None</li> <li></li></ul>	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/9/2023
Your Name:	Yvette Walters
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plann	ng of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 mo	ths
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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None [	

11       Stock or stock options       Image: None         Image: Im	n)	
materials, drugs, medical writing, gifts or other services		
13       Other financial or non-financial interests       Image: None         Image: Ima		
Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/19/2023	
Your Name:	Dorothee Auer	
Manuscript Title:	Connectivity guided intermittent theta burst stimulation versus repetitive transcranial magnetic stimulation in moderately severe treatment resistant depression: the BRIGhTMIND RCT."	
Manuscript Number (if known):	Click or tap here to enter text.	

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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)	
	Time frame: Since the initial planning of the work			
1	All support for the present	□ None		
	manuscript (e.g.,	NIHR	Institution	
	funding, provision of study materials,		Click the tab key to add additional rows.	
	medical writing, article processing			
	charges, etc.)			
	No time limit for this item.			
		Time frame: past 36 months		
2 Grants or Difference None				
	any entity (if not	Michael J. Fox Foundation		
	indicated in item	Weston Brain Institute		
	#1 above).	UKRI – MRC		
		Versus Arthritis UK		
		Multiple Sclerosis Society UK		
		British Heart Foundation		
		UKRI-EPSRC		
		Wellcome Trust		

		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)
3	Royalties or licenses	☑         None           □         □           □         □	
4	Consulting fees	☑         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       As part of grant funding as indicated above	
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,	[⊠] 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)
	society, committee or advocacy group, paid or unpaid		
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	
Please place an "X" next to the following statement to indicate your agreement:			