

ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: Abigail Moore

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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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: 3/22/2023

Your Name: Adam Milne

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 4/17/2023

Your Name: Aisling Molloy

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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Date: 3/23/2023

Your Name: AH Young

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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		<div>UK Chief Investigator for Novartis MDD study MIJ821A12201</div> <div></div> <div></div>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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		<div>Paid lectures and advisory boards for the following companies with drugs used in affective and related disorders: Astrazenaca, Boehringer Ingelheim, Eli Lilly, LivaNova, Lundbeck, Sunovion, Servier, Livanova, Janssen, Allegan, Bionomics, Sumitomo Dainippon Pharma, COMPASS, Sage, Novartis, Neurocentrx</div> <div></div> <div></div>	
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Trustee Drug Safety Research Unit (DSRU),									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Editor of Journal of Psychopharmacology and Deputy Editor, BJPsych Open,</td><td></td></tr> <tr><td>Executive Committee British Association Psychopharmacology</td><td></td></tr> <tr><td>Executive Committee, Intl Soc for Affective Disorders</td><td></td></tr> </table>	Editor of Journal of Psychopharmacology and Deputy Editor, BJPsych Open,		Executive Committee British Association Psychopharmacology		Executive Committee, Intl Soc for Affective Disorders		
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Executive Committee British Association Psychopharmacology									
Executive Committee, Intl Soc for Affective Disorders									
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 4/14/2023

Your Name: Andrew Swain

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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.	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 4/13/2023

Your Name: Anisha Nakulan

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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: 4/17/2023

Your Name: Beth Hall

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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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:	20/04/2023
Your Name:	Bryony Stokes-Crossley
Manuscript Title:	Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

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

ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Chrissie Butcher

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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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: 4/14/2023

Your Name: Chris Weetman

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Daniel Smith

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Emily Clare

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Eva-Maria Holstein

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 3/29/2023

Your Name: R Hamish McAllister-Williams

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Director of Education for British Association for Psychopharmacology</td> <td>Payment made to my institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Director of Education for British Association for Psychopharmacology	Payment made to my institution						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Iain McKinnon

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: John Richard GEDDES

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Judit Simon

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 4/14/2023

Your Name: Lumbini Azim

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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: 3/24/2023

Your Name: Lyndsey Dixon

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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ICMJE DISCLOSURE FORM

Date: 4/18/2023

Your Name: Michael berger

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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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: 3/28/2023

Your Name: Nichola Duffelen

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Nicola Goudie

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

Manuscript Number (if known): 16/154/01

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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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Mr Paul Courtney

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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: 4/14/2023

Your Name: Paul Hindmarch

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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ICMJE DISCLOSURE FORM

Date: 5/13/2023

Your Name: Dr Paul Stokes

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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		Member of the International Society for Bipolar Disorders Targeting Cognition and Chronobiology taskforces	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Janssen Research and Development LLC	Provided study medications for MRC grant funded study led by Dr Stokes
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Janssen Research and Development LLC	Provided non-financial support for an MRC funded study led by Dr Stokes
		Frontiers in Psychiatry (scientific journal)	Received editorial honoraria
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Phil Mawson

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Richard Morriss

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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: 3/22/2022

Your Name: Stuart watson

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Dr Sumeet Gupta

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Thomas Chadwick

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Timea Helter

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 3/22/2023

Your Name: Tony Fouweather

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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:	22/03/23
Your Name:	Victoria Bartle
Manuscript Title:	Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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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.) No time limit for this item.	X	None	
			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).	X	None	
3	Royalties or licenses	X	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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p>X I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 4/24/2023

Your Name: Dr Ward Lawrence

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD 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.

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ICMJE DISCLOSURE FORM

Date: 3/24/2023

Your Name: Dr William Gann

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Zoe Walmsley

Manuscript Title: Double-blind, placebo-controlled trial of pramipexole in addition to mood stabilisers for patients with treatment resistant bipolar depression: the PAX-BD RCT.

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

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