Date:	13/02/2024	science and and an
Your Name:	_Giacomo Stroffolini	o ters w threaden i the
Manuscript Title:	Behavioural hea	alth issues in post COVID syndrome and suicide risk. A narrative
review		
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 initia	al 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>	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	
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5	Payment or honoraria for	XNone	1
	lectures, presentations, speakers bureaus, manuscript writing or educational events		Astes (unter moligner/ent) site A
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_XNone	
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8	Patents planned, issued or pending	XNone	no not se a placte e districtante (Analos de seo
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	e esidemininek et insectension, vou should declant insteo, men if that medication is not montoued in t
11	Stock or stock options	XNone	
	Receipt of equipment, materials, drugs, medical writing, gifts or other	_XNone	
13	services Other financial or non-	XNone	relationship or indicate
	financial interests		

No conflict of interest

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ATT

Date:	07/02/2024	
Your Name:	Marco Casarotto	
Manuscript Title:_	Behavioural health issues in post CO	OVID syndrome and suicide risk. A narrative review
Manuscript numbe	er (if known):	· · · · · · · · · · · · · · · · · · ·

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
13	Other financial or non- financial interests	XNone

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Date:	08/02/2024	
Your Name:	Federico Traverso	
Manuscript Title:_	Behavioural health issues in post CO	/ID syndrome and suicide risk. A narrative review
Manuscript numbe	er (if known):	

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	_XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
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	_XNone
13	Other financial or non- financial interests	XNone

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Yelun Junes

Date: 08/02/2024	
Your Name: FEDERICA MORENT	The AND SULOR
Manuscript Title: BE HAVI OURAL HEAUTH	ISSUES IN ROST GOVID SUNDROVE AND SUI ORE
Manuscript number (if known):	

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1.000		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>A</u> None	
	Other financial or non- financial interests	None	

NONE

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Federice Mani 08/02/2024

Date:	07/02/2024	
Your Name:	Barbara Rizzello	
Manuscript Title:_	Behavioural health issues in post CO	VID syndrome and suicide risk. A narrative review
Manuscript numb	er (if known):	

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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
13	services Other financial or non-	V. Nono	
13	financial interests	XNone	

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Barbarekinello

Date:		13/02/2024
Your Name:	_Lucio Boglione_	let labore let
Manuscript Title:		_ Behavioural health issues in post COVID syndrome and suicide risk. A narrative
review		
Manuscrint number	(if known):	

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5	Payment or honoraria for	X_None
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	XNone
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone
		relationship or industre institution
13	Other financial or non- financial interests	_XNone

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