



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Abdelgadir	2. Surname (Last Name) Osman	3. Date 10/10/2019
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Scaling up Mental Health Service in Sudan		
6. Manuscript Identifying Number (if you know it) BJPsychInt-19-0044		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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I confirm that I have no conflict of interest with the publication of this Article

Dr A. S. OSMAN

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Section 1. Identifying Information

1. Given Name (First Name)
Samia

2. Surname (Last Name)
Elmusharaf

3. Date
09/10/2019

4.
5. Are you the corresponding author? ☐ Yes ☐ XNo

6. Manuscript Title **Scaling up Mental Health Service in Sudan**

7. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Abdelaziz

2. Surname (Last Name)

Omer

3. Date

08/10/2019

4.

5. Are you the corresponding author?

☐ Yes

☐ XNo

6. Manuscript Title Scaling up Mental Health Service in Sudan

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Aisha

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Bakhiet

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Abdalla

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Abdelrahman

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4. _____
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