| Date | e:07/27/21 | | |
|-------------------|--|---|--|
| | r Name:Shivani Bhatt | | |
| | | _ | h a target for 11-beta hydroxysteroid dehydrogenase type 1_ |
| iviar | iuscript number (ii known): | _150452-JCI-RG-1 | - |
| relate part to tr | ted to the content of your n ies whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | following questions apply to uscript only. | o the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| to th | | nsion, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. |
| | em #1 below, report all sup time frame for disclosure is | · | d in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this relationship or indicate none (add rows as needed) | (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 | X None | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| 2 | Grants or contracts from | Time frame: pas | t 36 months |
| - | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | X None | |

| 4 | Consulting fees | X None | |
|----|---|--------|--|
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 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 | X None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
| | | | |
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| Date | e:07/27/21 | | | | | |
|-------------------------------|--|---|---|--|--|--|
| You | r Name:Ansel Hillmer | | | | | |
| Mar | Manuscript Title:_Imaging brain cortisol regulation in PTSD with a target for 11-beta hydroxysteroid dehydrogenase type 1_ | | | | | |
| Mar | nuscript number (if known): | _150452-JCI-RG-1 | | | | |
| rela part to to rela | ted to the content of your naties whose interests may be ransparency and does not not tionship/activity/interest, it | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so. | | | |
| | nuscript only. | o the dution of relationship | sydetivities, interests as they relate to the <u>earrent</u> | | | |
| to t | • | nsion, you should declare a | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript. | | | |
| | em #1 below, report all sup time frame for disclosure is | • | in this manuscript without time limit. For all other items, | | | |
| | | Name all entities with | Specifications/Comments | | | |
| | | whom you have this relationship or indicate none (add rows as | (e.g., if payments were made to you or to your institution) | | | |
| | | needed) Time frame: Since the initia | nlanning of the work | | | |
| 1 | All support for the present | X None | planning of the work | | | |
| 1 | manuscript (e.g., funding, | X Notic | | | | |
| | provision of study materials, | | | | | |
| | medical writing, article | | | | | |
| | processing charges, etc.) | | | | | |
| | No time limit for this item. | | | | | |
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| | | Time frame: past | 26 months | | | |
| 2 | Grants or contracts from | X None | 50 months | | | |
| _ | any entity (if not indicated | | | | | |
| | in item #1 above). | | | | | |
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| 4 | Consulting fees | X None | |
|----|---|--------|--|
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 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 | X None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
| | | | |
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| Date | e:07/27/21 | | | | | |
|-------------------|---|---|---|--|--|--|
| You | r Name: Aleksandra Ruso | wicz | | | | |
| Mar | Manuscript Title:_Imaging brain cortisol regulation in PTSD with a target for 11-beta hydroxysteroid dehydrogenase type 1_ | | | | | |
| Mar | uscript number (if known): | _150452-JCI-RG-1 | | | | |
| relate to trelate | ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it | nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so. | | | |
| to the | ne epidemiology of hypertentication, even if that medica | nsion, you should declare a tion is not mentioned in the port for the work reported | lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items, | | | |
| | | A) 11 171 111 | | | | |
| | | 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 | l 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 | | | | |
| | | 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 | | | | |

| 4 | Consulting fees | X None | |
|----|---|--------|--|
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 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 | |
| | | | |
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| 9 | Participation on a Data Safety Monitoring Board or | X None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
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| Date | e:07/27/21 | | |
|----------------------------------|---|--|---|
| Your | · Name:Nabeel Nabulsi_ | | |
| | uscript Title:_Imaging brain ouscript number (if known): | • | h a target for 11-beta hydroxysteroid dehydrogenase type 1_ |
| relat parti to tr relat | ed to the content of your nies whose interests may be ansparency and does not notionship/activity/interest, it | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do | |
| | following questions apply t uscript only. | o the author's relationship | ps/activities/interests as they relate to the <u>current</u> |
| to th med In ite | ne epidemiology of hypertentication, even if that medica | nsion, you should declare tion is not mentioned in to port for the work reported | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items |
| | | Name all angles a sigh | Constitution (Community |
| | | 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.) No time limit for this item. | X None | |
| | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: pasX None | t 36 months |
| 3 | Royalties or licenses | X None | |

| 4 | Consulting fees | X None | |
|----|---|--------|--|
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | X None | |
| | | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or | X None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
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| Date | e:7/27/21 | | |
|------------------------|--|---|---|
| You | r Name:David Matus | skey | |
| | | _ | n a target for 11-beta hydroxysteroid dehydrogenase type 1 |
| relat part to tr | ted to the content of your lies whose interests may b ransparency and does not | manuscript. "Related" mea e affected by the content of | relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. |
| | following questions apply nuscript only. | to the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| to th | he epidemiology of hypert | · | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. |
| | em #1 below, report all su time frame for disclosure i | • • | I in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this | (e.g., if payments were made to you or to your |
| | | relationship or indicate | institution) |
| | | none (add rows as | |
| | | needed) | I planning of the cook |
| | | Time frame: Since the initia | i planning of the work |
| 1 | All support for the present | x None | |
| | manuscript (e.g., funding, provision of study materials | | |
| | medical writing, article | ' | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | : 36 months |
| 2 | Grants or contracts from | _x None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| | | | |

Royalties or licenses

___x_ None

| 4 | Consulting fees | x None | |
|----|---|--------|--|
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, | x None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | x None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | x None | |
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| 8 | Patents planned, issued or pending | x None | |
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| 9 | Participation on a Data Safety Monitoring Board or | x None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | x None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | x None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | x None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | x None | |
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| Date | e:07/27/21 | | | | | |
|----------------------------|--|--|---|--|--|--|
| Your Name:Gustavo Angarita | | | | | | |
| Mar | nuscript Title:_Imaging brain c | ortisol regulation in PTSD with | a target for 11-beta hydroxysteroid dehydrogenase type 1_ | | | |
| Mar | nuscript number (if known): | _150452-JCI-RG-1 | | | | |
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| relate to to relate | ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it | nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I is preferable that you do s | elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so. s/activities/interests as they relate to the current | | | |
| to the med | ne epidemiology of hyperten lication, even if that medica | nsion, you should declare a tion is not mentioned in th port for the work reported | efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive be manuscript. In this manuscript without time limit. For all other items, | | | |
| trie | ume trame for disclosure is | the past 56 months. | | | | |
| | | Name all entities with whom you have this relationship or indicate | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | |
| | | none (add rows as | | | | |
| | | needed) Time frame: Since the initial | planning of the work | | | |
| 1 | All accompant for the conservation | | planning of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, | X None | | | | |
| | provision of study materials, | | | | | |
| | p. c. i.c. or seady materials, | | | | | |

| 4 | Consulting fees | X None | |
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| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | X None | |
| | | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or | X None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
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| Date | e:07/27/21 | | |
|-------|--|--|--|
| | Name:Soheila Najafzad | | |
| Man | uscript Title:_Imaging brain c | ortisol regulation in PTSD with | a target for 11-beta hydroxysteroid dehydrogenase type 1_ |
| Man | uscript number (if known): | _150452-JCI-RG-1 | |
| In th | e interest of transparency. | we ask vou to disclose all r | elationships/activities/interests listed below that are |
| | • | | s any relation with for-profit or not-for-profit third |
| to tr | - | ecessarily indicate a bias. I | the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a o. |
| | following questions apply to uscript only. | o the author's relationship | s/activities/interests as they relate to the <u>current</u> |
| to th | - | nsion, you should declare a | efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript. |
| | em #1 below, report all suppet time frame for disclosure is | · | in this manuscript without time limit. For all other items, |
| | | Name all entities with | Specifications/Comments |
| | | whom you have this relationship or indicate none (add rows as needed) | (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, | X None | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |

Time frame: past 36 months

__X__ None

__X__ None

Grants or contracts from any entity (if not indicated

in item #1 above).

Royalties or licenses

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| 4 | Consulting fees | X None | |
|----|---|--------|--|
| | | | |
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| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | X None | |
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| _ | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or | X None | |
| | Advisory Board | | |
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| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
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| Date:07/27/21 |
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| 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 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. |

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 | X None | |
| | processing charges, etc.) No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated | X None | |
| | in item #1 above). | | |
| | | | |
| 3 | Royalties or licenses | X None | |
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| 4 | Consulting fees | X None | |
|----|---|--------|--|
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | X None | |
| | | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or | X None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
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| Date | e:07/27/21 | | | | |
|--|---|--|---|--|--|
| Your Name:Steven Southwick | | | | | |
| | Manuscript Title:_Imaging brain cortisol regulation in PTSD with a target for 11-beta hydroxysteroid dehydrogenase type 1_ Manuscript number (if known):_150452-JCI-RG-1 | | | | |
| relate part to trelate man. The to the med. In it. | In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, | | | | |
| | time frame for disclosure is | | Considerations (Comments | | |
| | | 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 | l 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 | | | |
| | | 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 | | | |

| 4 | Consulting fees | X None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, | X None | |
| | speakers bureaus, manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | X None | |
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| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or | X None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
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| Date: | 07/27/2021 | |
|----------------|---|--|
| Your Name: | John H. Krystal, M.D | |
| Manuscript Tit | _Imaging brain cortisol regulation in PTSD with a target for 11-beta hydroxysteroid dehydrogenase type 1_ | |
| Manuscript nu | ber (if known):_150452-JCI-RG-1 | |

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.

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. | U.S. Department of Veterans Affairs via support for the Clinical Neuroscience Division, National Center for PTSD | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | see attached | |

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| 4 | Consulting fees | See attached | |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
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| 8 | Patents planned, issued or pending | See attached | |
| | | | |
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| 10 | Leadership or fiduciary role in other board, society, | See attached | |
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| 12 | Receipt of equipment, materials, drugs, medical | See attached | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | None | |
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The Individual Consultant Agreements listed below are less than \$10,000 per year

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| Your Name: Richard Carson |
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| Manuscript number (if known):_150452-JCI-RG-1 |
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| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | X None | |
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| Your Name:Henry Huang | | | | | |
| | Manuscript Title:_Imaging brain cortisol regulation in PTSD with a target for 11-beta hydroxysteroid dehydrogenase type 1_ | | | | |
| Mar | uscript number (if known): | _150452-JCI-RG-1 | | | |
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Royalties or licenses

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| Your | <pre>r Name:Kelly Cosgrove</pre> | | | |
|---|--|--|--|--|
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| 1 | All support for the present manuscript (e.g., funding, | X None | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | processing charges, etc., | | | |
| | No time limit for this item. | | | |
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