

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Dawn

2. Surname (Last Name)

Dowding

3. Date

06-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

Section 2.

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Member of the Health Services and Delivery Research Funding Committee

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Dr. Dowding reports and Member of the Health Services and Delivery Research Funding Committee .

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Section 1. Identifying Information

1. Given Name (First Name)

Amanda

2. Surname (Last Name)

Farrin

3. Date

21-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

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HS&DR 16/04/06

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NIHR HTA Clinical Evaluation & Trials Board (2014 – 2018); NIHR HTA Commissioning Strategy Group (2014 – 2018)

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Professor Farrin reports NIHR HTA Clinical Evaluation & Trials Board (2014 – 2018); NIHR HTA Commissioning Strategy Group (2014 – 2018).

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
University of Leeds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am Principal Investigator for PICANet	X
						ADD

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Dr. Feltbower reports grants from University of Leeds, during the conduct of the study; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Mai

2. Surname (Last Name)

Elshehaly

3. Date

11-January-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

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HS&DR 16/04/06

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Dr. Elshehaly has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) West	3. Date 14-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rebecca Randell
5. Manuscript Title Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study		
6. Manuscript Identifying Number (if you know it) HS&DR 16/04/06		

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Rebecca

2. Surname (Last Name)

Walwyn

3. Date

07-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

ADD

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Walwyn has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Patrick

2. Surname (Last Name)

Doherty

3. Date

11-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Doherty has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Roy 2. Surname (Last Name) Ruddle 3. Date 01-July-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
R Randell

5. Manuscript Title
Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)
HS&DR 16/04/06

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NIHR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
						ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Generate Disclosure Statement

Dr. Ruddle reports grants from NIHR, during the conduct of the study; .

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chris

2. Surname (Last Name) Gale

3. Date 06-January-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name Rebecca Randell

5. Manuscript Title
Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)
HS&DR 16/04/06

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy	×
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy	×
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy	×
Daiichi Sankyo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy	×
Vifor Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy	×
Abbot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×
BMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		×

ADD



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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is a member of the Myocardial Ischaemia National Audit Project Academic and Steering Groups

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Generate Disclosure Statement

Dr. Gale reports personal fees from Amgen, personal fees from AstraZeneca, personal fees from Bayer, personal fees from Daiichi Sankyo, personal fees from Vifor Pharma, grants from Abbot, grants from BMS, outside the submitted work; and is a member of the Myocardial Ischaemia National Audit Project Academic and Steering Groups.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Julia

2. Surname (Last Name)

Lake

3. Date

14-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

DESIGN AND EVALUATION OF A QUALITY DASHBOARD FOR NATIONAL CLINICAL AUDIT DATA: A BIOGRAPHY OF ARTEFACTS STUDY

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

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Are there any relevant conflicts of interest? Yes No

ADD

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Intellectual Property -- Patents & Copyrights

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Dr. Lake has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Joanne

2. Surname (Last Name)

Greenhalgh

3. Date

01-May-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Generate Disclosure Statement

Dr. Greenhalgh has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Natasha	2. Surname (Last Name) Alvarado	3. Date 11-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Rebecca Randell
5. Manuscript Title Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study		
6. Manuscript Identifying Number (if you know it) HS&DR 16/04/06		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Alvarado has nothing to disclose.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Rebecca

2. Surname (Last Name)

Randell

3. Date

14-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

DESIGN AND EVALUATION OF A QUALITY DASHBOARD FOR NATIONAL CLINICAL AUDIT DATA: A BIOGRAPHY OF ARTEFACTS STUDY

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

ADD

Section 3.

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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I am a member of the HS&DR Funding Committee

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Section 6.

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Dr. Randell reports and I am a member of the HS&DR Funding Committee.

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Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Mamas

2. Surname (Last Name)

Mamas

3. Date

07-January-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

 Yes No

ADD

Section 3.

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Are there any relevant conflicts of interest?

 Yes No

ADD

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

 Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

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Member of the NIHR HTA Prioritisation Committee and IP Panel.

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Dr. Mamas reports Member of the NIHR HTA Prioritisation Committee and IP Panel.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Lynn

2. Surname (Last Name)

McVey

3. Date

06-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Rebecca Randell

5. Manuscript Title

Design and evaluation of a quality dashboard for national clinical audit data: A biography of artefacts study

6. Manuscript Identifying Number (if you know it)

HS&DR 16/04/06

Section 2.

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Are there any relevant conflicts of interest? Yes No

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Dr. McVey has nothing to disclose.

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