

ICMJE DISCLOSURE FORM

Date: 10/06/21

Your Name: Alka S Ahuja

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>None</u>	
6	Payment for expert testimony	<input type="checkbox"/> <u>None</u>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>None</u>	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>None</u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>None</u>	
11	Stock or stock options	<input type="checkbox"/> <u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>None</u>	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>None</u>	

Please place an "X" next to the following statement to indicate your agreement:

X 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: 03/06/21

Your Name: Anne Marie McKigney

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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ICMJE DISCLOSURE FORM

Date: 10/06/21

Your Name: David Gillespie

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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ICMJE DISCLOSURE FORM

Date: 08/06/21

Your Name: Elizabeth Randell

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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ICMJE DISCLOSURE FORM

Date: 10/06/21

Your Name: Eleni Glarou

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled Effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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ICMJE DISCLOSURE FORM

Date: 09/06/21

Your Name: Gemma Warren

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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ICMJE DISCLOSURE FORM

Date: 10/06/21

Your Name: Lucy Brookes-Howell

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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ICMJE DISCLOSURE FORM

Date: 10/06/21

Your Name: Laura Mills

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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ICMJE DISCLOSURE FORM

Date: 03/06/21

Your Name: Monica Busse

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

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ICMJE DISCLOSURE FORM

Date: 10/06/21

Your Name: Melissa Wright

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

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ICMJE DISCLOSURE FORM

Date: 10/06/21

Your Name: Nahel Yaziji

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>None</u>	
11	Stock or stock options	<input type="checkbox"/> <u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>None</u>	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>None</u>	

Please place an "X" next to the following statement to indicate your agreement:

X 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: 08/06/21

Your Name: Richard Hastings

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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.

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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.	NIHR HTA	NIHR HTA funded grant held by Cardiff University with funding to University of Warwick
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input 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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 03/06/21

Your Name: Rachel McNamara

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>None</u>	
6	Payment for expert testimony	<input type="checkbox"/> <u>None</u>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>None</u>	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>None</u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>None</u>	
11	Stock or stock options	<input type="checkbox"/> <u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>None</u>	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>None</u>	

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X 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: 03/06/21

Your Name: Renee Romeo

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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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		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.	NIHR HTA	Payments made to King's College London as part of collaboration agreement with Cardiff University
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input 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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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X 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: 10/06/21

Your Name: Rhys Williams-Thomas

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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.	NIHR HTA	NIHR HTA funded grant held by Cardiff University
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>None</u>	
6	Payment for expert testimony	<input type="checkbox"/> <u>None</u>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>None</u>	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>None</u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>None</u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>None</u>	
11	Stock or stock options	<input type="checkbox"/> <u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>None</u>	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>None</u>	

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ICMJE DISCLOSURE FORM

Date: 08/06/21

Your Name: Sue Delpont

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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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	
4	Consulting fees	<input checked="" type="checkbox"/> 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	
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	

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 08/06/21

Your Name: Sarah Milosevic

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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Time frame: past 36 months			
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4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>None</u>	
6	Payment for expert testimony	<input type="checkbox"/> <u>None</u>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>None</u>	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>None</u>	
11	Stock or stock options	<input type="checkbox"/> <u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>None</u>	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>None</u>	

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X 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: 10/06/21

Your Name: Wakunyambo Maboshe

Manuscript Title: Sensory Integration Therapy versus usual care for children with autism and sensory processing disorder: A Randomised Controlled effectiveness Trial (SenITA)

Manuscript number (if known): NIHR HTA ref: 15/106/04

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Time frame: past 36 months			
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3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> None	

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