

## ICMJE DISCLOSURE FORM

**Date:** 10/13/2021

**Your Name:** Richard Grieve

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 560 1492 660"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 772 1492 873"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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☒ 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:** 10/21/2021

**Your Name:** Andrew Hutchings

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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# ICMJE DISCLOSURE FORM

**Date:** 10/20/2021

**Your Name:** Silvia Moler-Zapata

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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**Date:** 10/13/2021

**Your Name:** Stephen O'Neill

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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**Date:** 10/18/2021

**Your Name:** David G. Lugo-Palacios

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

## ICMJE DISCLOSURE FORM

**Date:** 10/13/2021

**Your Name:** Dr Richard Silverwood

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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 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.

		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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;">ESRC/ADRUK</td><td style="height: 20px;">Grant (PI)</td></tr> <tr><td style="height: 20px;">MRC</td><td style="height: 20px;">Grant (Co-I)</td></tr> <tr><td style="height: 20px;">UKRI</td><td style="height: 20px;">Grant (Co-I)</td></tr> </table>		ESRC/ADRUK	Grant (PI)	MRC	Grant (Co-I)	UKRI	Grant (Co-I)
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 347 1490 481"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 566 1490 665"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1113 1490 1211"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1326 1490 1424"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1538 1490 1637"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1722 1490 1821"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 347 1492 448"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 560 1492 660"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 772 1492 873"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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☒ 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:** 10/13/2021

**Your Name:** David Cromwell

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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								
<b>1</b>	<div style="display: flex;"> <div style="flex: 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> </div> <div style="flex: 1; padding-left: 10px;"> <input type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Royal College of Surgeons of England</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Royal College of Surgeons of England					Click the tab key to add additional rows.	
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Time frame: past 36 months								
<b>2</b>	<div style="display: flex;"> <div style="flex: 1;"> Grants or contracts from any entity (if not indicated in item #1 above). </div> <div style="flex: 1; padding-left: 10px;"> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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☒ 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:** 10/21/2021

**Your Name:** Tommaso Kircheis

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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## ICMJE DISCLOSURE FORM

**Date:** 10/12/2021

**Your Name:** Elizabeth Jane Silver

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 772 1492 873"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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☒ 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:** 10/18/2021

**Your Name:** Claire Snowdon

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 688 1518 789"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 10/14/2021

**Your Name:** Paul Charlton

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 560 1492 660"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 772 1492 873"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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## ICMJE DISCLOSURE FORM

**Date:** 10/13/2021

**Your Name:** Geoff Bellingan

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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# ICMJE DISCLOSURE FORM

**Date:** 10/20/2021

**Your Name:** Suneetha Ramani Moonesinghe

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>National Institute for Health Research ESORT grant</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	National Institute for Health Research ESORT grant					
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## ICMJE DISCLOSURE FORM

**Date:** 10/12/2021

**Your Name:** Luke Keele

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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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<b>3</b>	<div style="display: flex;"> <div style="flex: 1;"> Royalties or licenses </div> <div style="flex: 1; padding-left: 10px;"> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							



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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 347 1490 481"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 566 1490 665"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 900 1490 999"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1113 1490 1211"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1326 1490 1424"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1538 1490 1637"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="376 1722 1490 1821"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

☒ 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:** 10/20/2021

**Your Name:** Neil Smart

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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 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.

	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)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	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>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 10/12/2021

**Your Name:** Robert J. Hinchliffe

**Manuscript Title:** Emergency Surgery OR NoT (ESORT)

**Manuscript Number (if known):** Not yet known

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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